471-000-507 Nebraska Medicaid Practitioner Fee Schedule for Durable Medical Equipment, Medical Supplies, Orthotics and Prosthetics

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in durable medical equipment policy and billing guidance:

- 471 NAC, Chapter 7 at http://dhhs.ne.gov/medicaid/Pages/med_phdme.aspx
- Provider Bulletins at http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx
- National Correct Coding Initiative (NCCI) at http://dhhs.ne.gov/medicaid/Pages/med_ncci.aspx

This fee schedule does not address the various coverage limitations routinely applied by Nebraska Medicaid before final payment is determined (e.g., beneficiary and provider eligibility, benefit limits, billing instructions, frequency of services, third part liability, age restrictions, prior authorization, co-payments/coinsurance where applicable, etc.). Procedure codes and/or fee schedule amounts listed do not guarantee payment, coverage or amount allowed.

Although every effort is made to ensure the accuracy of this information, discrepancies and time lag may occur. All information may be changed or updated at any time to correct a discrepancy and/or error. The reimbursement rates reflected in this fee schedule are in effect as of the date of this report. The reimbursement rate made on a claim will depend on the date of service, since reimbursement rates are date of service effective.

For client eligibility or claims-status questions, call the Inquiry Line, 1-877-255-3092.

For DME policy issues, email the DME program staff at dhhs.dme@nebraska.gov.

To Determine the Medicaid Allowable:

1. IDENTIFY THE HCPCS CODE. First, identify the correct code for the DME item or service you are dispensing. Refer to the latest HCPCS (Healthcare Common Procedure Coding System) Level II Expert book for code descriptions. Every DME provider should have this guide, it is updated annually. In addition, the following website can be a useful tool for identifying the HPCPS code for a particular item: https://www.dmepdac.com/dmecsapp/do/search.

If a type of item has a specific HCPCS code assigned, the provider must use that specific code when billing and not, instead, use a “miscellaneous” code. If code descriptions do not specify a unit of measure, it is per each. If an item was sold other than per each, then the actual manufacturer’s cost invoice needs to indicate how many were purchased for the indicated cost. If the code description does not specify a frequency measure such as per day, per week, etc., it shall be considered to be a full one month supply.

2. FIND THE CODE/MODIFIER COMBINATION. Review the Procedure Code Modifiers (next page) and select the modifier that is correct for the item being billed. Click on the "binoculars" search tool located in the left chimney, and search for the code. Generally, if the code or code/modifier combination is not listed, it is not covered. If in doubt, email the program specialist at dhhs.dme@nebraska.gov.

3. LOCATE THE MEDICAID ALLOWABLE for the procedure code and modifier combination of the item dispensed. If "RNE" is listed, see Step #5 for special pricing.

4. PAYMENT IS THE LOWER OF THE MEDICAID ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. Provider's submitted charge must reflect its charge to the general public. Provider must not bill Medicaid more than it charges the general public.

5. SPECIAL PRICING. Certain procedure codes will not have a unit value. RNE means "rate not established." Medicaid pays RNE codes at a "reasonable rate" based on the service. When submitting the claim, the provider must include a detailed physician's order for the item, clear description of the item dispensed such as brand/model, and an actual manufacturer's cost invoice. An actual manufacturer's cost invoice is the supplier's invoice that the provider paid, and must include any discounts and rebates to the provider. Generally, Medicaid pays 130 percent of the actual manufacturer's cost invoice, up to a reasonable amount determined by Medicaid.

In addition, any "miscellaneous" code billed at $500 or more requires an approved prior authorization request. See 471 NAC 7-008.

6. PRIOR AUTHORIZATION: If an item requires a prior authorization request, submit on Form MS-77 found in the 471 NAC Appendixes. For Unit Price working purposes, if the provider does not have an actual manufacturer's cost invoice at the time of the prior authorization request, submit the Manufacturer's Suggested Retail Price (MSRP). (Clearly state if the figure submitted is an actual manufacturer's cost invoice or MSRP.) If the prior auth request is approved and provider dispenses the equipment, the provider must submit a clear description of each line item and its actual manufacturer's cost invoice, including any discounts and rebates with the claim. Generally, Medicaid pays 130 percent of the actual manufacturer's cost invoice (not an MSRP or quotation), up to a reasonable amount, not to exceed provider's stated Unit Price on the MS-77 or provider's charge to other customers.

Procedure Code Modifiers

Use the following procedure code modifiers with the procedure code, when applicable. Note: Most disposable DME items do not have any modifiers. Durable DME items may have modifiers. Generally, only one modifier can be used per procedure code. (Exception: oxygen equipment and content have flow rate modifiers for payment purposes.)

Modifiers for Durable Medical Equipment -

NU - New durable medical equipment purchase. Some items that always require a new medical evaluation, such as wheelchairs, will always take NU, even if a replacement.
RR - Rental. Use when DME is rented for a full one month period - see 471 NAC 7-010.09D. A unit is one month.
KR - Daily rental. Use when DME is rented for less than a one month period - see 471 NAC 7-010.09D. A unit is one day.
UE - Used durable medical equipment purchase. 75% of purchase allowable.
MS - Six month maintenance/servicing fee for reasonable and necessary parts/labor not covered under any warranty. 6 month maintenance = 1 month rental amount. (Use for DME exempt from rental/purchase option after 12 months rental was paid. (See 471 NAC 7-010.09B.) For MS supplies, use RB. Clearly state: "Client-owned equipment."
LL - Conversion of DME rental to purchase. (When using LL modifier, list the initial date of delivery in Field 19, CMS-1500 claim form and bill initial purchase price.)
RA - Replacement of DME item owned by the client. (Think of RA as a replacement for a stand-alone piece of equipment, such as nebulizer, or a hospital bed.)
RB - A part, in conjunction with a repair to DME item owned by the client. (Think of a wheelchair wheel or nebulizer mask.) On claim, clearly state: "Client-owned equipment."
KA - Add on option/accessory, or upgrade option/accessory for a wheelchair.

Modifiers for Oxygen Equipment -

QE - Prescribed amount of oxygen is less than 1 liters per minute (LPM)
QF - Prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed
QG - Prescribed amount of oxygen is greater than 4 liters per minute (LPM)

Modifier for Nutritional Supplements -

BO - Orally administered nutrition

Repairs (RB modifier) to client-owned, medically necessary equipment covered in 471 NAC Chapter 7 do not require prior authorization if repairs (all lines/claims) are billed at a total of $500 or less. If the HCPCS code for a repair item does not have a set reimbursement rate (if listed as RNE – rate not established), then the provider must still submit a detailed description and an actual cost manufacturer's invoice with the claim and include any manufacturer discounts or rebates. See Provider Bulletin # 10-17.

Other billing tips based on recent feedback from claims processors and providers and changes -

Nutritional supplements require physician's order of medical necessity with supporting diagnosis code(s), the amount (number of calories per day) required of the supplement, and the duration (expiration date) of the order. A Medicaid nutritional supplement "unit" is 100 calories (not grams, ounces, milliliters or cans – a frequent denial reason.) Do not use the BO (oral fed) modifier if client is tube-fed. For infants/children eligible for **WIC**, Medicaid covers the difference between the amount of nutritional supplement dispensed by WIC to the client and the amount ordered by the physician.

When billing a claim for a **miscellaneous code**, include a detailed item description and an actual manufacturer's cost invoice. To pay, the Medicaid claims processor must be able to determine what the "miscellaneous" item is, and what it cost the provider. A common cause of claim denials has been billing a miscellaneous code when the type of item has a specific code and allowance. Miscellaneous codes may not be used to claim an item that Medicaid doesn't cover, or to exceed the Medicaid allowable for a type of item with a specific code and allowance.

When billing an item where a unit is for one limb (leg, foot, etc.) state whether LT (left) or RT (right). LT or RT goes in the next open modifier field on the claim form. Examples include compression stockings, liners, orthotics and prosthetics. This would also be indicated in the description of service field on the prior authorization form.

When submitting a claim, include **physician's NPI number** in Form CMS-1500 Box 17a.

Wheelchair miscellaneous parts may only be billed under K0108.

Wheelchair labor is included in the Nursing Facility (NF) and Intermediate Care Facility (ICF) per diems as of August 1, 2013.

Rentals-

When filing rental claims, providers must use from thru dates.

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000A4206		SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH				$0.40	
000A4207		SYRINGE WITH NEEDLE, STERILE 2CC, EACH				$0.40	
000A4208		SYRINGE WITH NEEDLE, STERILE 3CC, EACH				$0.40	
000A4209		SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH				$0.42	
000A4212		NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER				$9.05	
000A4213		SYRINGE, STERILE, 20CC OR GREATER, EACHDMERC OR CARRIER				$1.20	
000A4215		NEEDLE, STERILE, ANY SIZE, EACH				$0.45	
000A4217		STERILE WATER/SALINE, 500 ML		USE WITH LARGE VOLUME NEBULIZER, STATE ON CLAIM. (IF FOR IRRIGATION, BILL AS LEGEND DRUG, NOT DME		$2.80	
000A4218		STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML		SAME AS ABOVE		RNE	
000A4220		REFILL KIT FOR IMPLANTABLE INFUSION PUMP (NOT A SUPPLIER SERVICE)		NOT A SUPPLIER SERVICE		$62.11	
000A4221		SUPPLIES FOR MAINT OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEP)				$22.97	
000A4222		INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)				$45.58	
000A4223		INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)				$53.26	
000A4230		INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000A4231		INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE				RNE	
000A4232		SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC				$2.94	
000A4233		REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL)				$0.86	
000A4234		REPLACEMENT BATTERY, ALKALINE, J CELL				$3.92	
000A4235		REPLACEMENT BATTERY, LITHIUM				$2.53	
000A4236		REPLACEMENT BATTERY, SILVER OXIDE				$1.82	
000A4244		ALCOHOL OR PEROXIDE, PER PINT				$3.92	
000A4245		ALCOHOL WIPES, PER BOX (1 BOX = 100 WIPES)DMERC OR CARRIER				$6.03	
000A4246		BETADINE OR PHISOHEX SOLUTION, PER PINT				$16.90	
000A4247		BETADINE OR IODINE SWABS/WIPES, PER BOX (1 BOX = 50 SWABS/WIPES)				$18.10	
000A4248		CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML				RNE	
000A4250		URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)				RNE	
000A4252		BLOOD KETONE TEST OR REAGENT STRIP, EACH	x	PA Required Except for in a NF/ICF		RNE	
000A4253		BLOOD GLUCOSE TEST OR REAGENT STRIPS, FOR HOME BLOOD GLUCOSE MON, PER 50STRIPS				$34.12	
000A4255		PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX				$4.24	
000A4256		NORMAL, LOW AND HIGH CALIBRATOR SOLUTION/CHIPS				$11.53	
000A4258		SPRING-POWERED DEVICE FOR LANCET, EACH				$18.32	
000A4259		LANCETS, PER BOX OF 100 DMERC				$12.44	

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000A4261		CERVICAL CAP FOR CONTRACEPTIVE USE				RNE	
000A4265		PARAFFIN, PER POUNDDMERC OR CARRIER				$3.49	
000A4266		DIAPHRAGM FOR CONTRACEPTIVE USE				RNE	
000A4267		CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH				$2.79	
000A4268		CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH				$3.27	
000A4269		CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH				RNE	
000A4280		ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXT BREAST PROSTHESIS, EACH				$5.46	
000A4281		TUBING FOR BREAST PUMP, REPLACEMENT				RNE	
000A4282		ADAPTER FOR BREAST PUMP, REPLACEMENT				RNE	
000A4283		CAP FOR BREAST PUMP BOTTLE, REPLACEMENT				RNE	
000A4284		BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT				RNE	
000A4285		POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT				RNE	
000A4286		LOCKING RING FOR BREAST PUMP, REPLACEMENT				RNE	
000A4290		SACRAL NERVE STIMULATION TEST LEAD, EACH				RNE	
000A4310		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESS ONLY)				$7.36	
000A4311		INSERTION TRAY W/O DRAIN BAG WITH INDWELLING CATH, FOLEY TYPE2-WAY LATEX W/COATING (TEFLON, SILICONE,				$13.26	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SILICONE ELASTOMER, HYDRO, ETC.					
000A4312		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPETWO-WAY, ALL SILICONE				$18.62	
000A4313		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPETHREE-WAY, FOR CONTINUOUS IRRIGATION				$19.11	
000A4314		INSERTION TRAY W/DRAINAGE BAG W/INDWELLING CATHETER, FOLEY TYPE, LATEX W/COATING (TEFLON, SILICONE, SILICONE ELASTOMER, HYDROPHILIC)				$26.10	
000A4315		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE				$27.23	
000A4316		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION				$29.05	
000A4320		IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE				$5.34	
000A4322		IRRIGATION SYRINGE, BULB OR PISTON,EACH				$3.13	
000A4326		MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH				$9.80	
000A4327		FEMALE EXTERNAL URINARY COLLECTION DEVICE, METAL CUP, EACH				$46.05	
000A4328		FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH				$10.05	
000A4330		PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE,EACH				$7.37	
000A4331		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH				$3.28	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CONNECTOR/ADAPTOR					
000A4332		LUBRICANT, INDIVIDUAL STERILE PACKET, EACH				$0.12	
000A4333		URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH				$2.27	
000A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH				$5.08	
000A4335		INCONTINENCE SUPPLY; MISCELLANEOUS				RNE	
000A4338		INDWELLING CATHETER, FOLEY TYPE TWO WAY, LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.),EACH				$12.65	
000A4340		INDWELLING CATHETR; SPECIALTY TYPE; EG; COUDE, MUSHROOM, WING, ETC, EACH				$27.85	
000A4344		INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE,EACH				$16.53	
000A4346		INDWELLING CATHETER, FOLEY TYPE, THREE WAY, LATEX OR TEFLON FOR CONTINUOUS IRRIGATION,EACH				$20.21	
000A4349		MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH				$2.08	
000A4351		INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON,SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH				$1.86	
000A4352		INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.)				$6.62	

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000A4353		INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES				$7.22	
000A4354		NSERTION TRAY, WITH DRAINAGE BAG BUT WITHOUT CATHETER				$12.17	
000A4355		IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A 3-WAY INDWELLING FOLEY CATHETER,EACH				$9.10	
000A4356		EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHE-TER CLAMP),EACH				$45.14	
000A4357		BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR W/O ANTI-REFLUX DEVICE, WITHOR W/O TUBE,EACH				$9.78	
000A4358		URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH				$6.84	
000A4360		DISPOSIBLE EXTERNAL URETHAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH				$0.48	
000A4361		OSTOMY FACE PLATE,EACH				$16.11	
000A4362		SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT, EACH				$3.57	
000A4363		OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH				$2.07	
000A4364		ADHESIVE, LIQUID, OR EQUAL, ANY TYPE				$3.02	
000A4366		OSTOMY VENT, ANY TYPE, EACH				$1.34	
000A4367		OSTOMY BELT,EACH				$7.58	
000A4368		OSTOMY FILTER, ANY TYPE, EACH				$0.26	
000A4369		OSTOMY SKIN BARRIER,LIQUID (SPRAY, BRUSH,ETC), PER OZ.				$2.12	
000A4371		OSTOMY SKIN BARRIER, POWDER, PER OZ				$3.71	
000A4372		OSTOMY SKIN BARRIER, SOLID 4X4 OR				$4.31	

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		EQUIVALENT, STANDARD WEAR, WITH BUILT-INCONVEXITY, EACH					
000A4373		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH				$6.48	
000A4375		OSTOMY POUCH, DRAINABLE, WITH FACEPLACE ATTACHED, PLASTIC, EACH				$17.73	
000A4376		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH				$49.10	
000A4377		OSTOMEY POUCH, DRAINABLE WITH FACEPLATE ATTACHED, PLASTIC EACH				$4.42	
000A4378		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH				$31.73	
000A4379		OSTOMY POUCH, URINARY, WITH FACEPLACE ATT, PLASTIC EACH				$15.50	
000A4380		OSTOMY POUCH, URINARY, W/FACEPLATE ATT, RUBBER, EACH				$38.53	
000A4381		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH				$4.75	
000A4382		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC EACH				$25.41	
000A4383		OSTOMY POUCH, URINARY FOR USE ON FACEPLATE, RUBBER, EACH				$29.09	
000A4384		OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH				$9.92	
000A4385		OSTOMY SKIN BARRIER, WITH FLANGE, SOLID 4X4 OR EQUIVALENT, EXTENDEDWEAR, W/O BUILT-IN CONVEXITY, ANY SIZE, EACH				$5.26	
000A4387		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH				$4.70	
000A4388		OSTOMY POUCH, DRAINABLE, WITH				$4.50	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH					
000A4389		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH				$6.41	
000A4390		OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATT, W/BUILT-INCONVEXITY (1 PIECE) EACH				$9.91	
000A4391		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH				$7.29	
000A4392		OSTOMY POUCH, URINARY, W/STANDARD WEAR BARRIER ATT, W/BUILT-IN CONVEXITY(1 PIECE) EACH				$8.44	
000A4393		OSTOMY POUCH, URINARY, W/EXT. WEAR BARRIER ATT. W/BUILT-IN CONVEXITY (1 PIECE) EACH				$9.33	
000A4394		OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE				$2.66	
000A4395		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLIC, PER TABLET				$0.05	
000A4396		OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT				$41.78	
000A4397		IRRIGATION SUPPLY; SLEEVE,EACH				$4.94	
000A4398		OSTOMY IRRIIGATION SUPPLY;BAG,EACH				$14.25	
000A4399		OSTOMY IRRIGATION SUPPLY, CONE/CATHETER, INCLUDING BRUSH				$10.75	
000A4402		LUBRICANT, PER OUNCE				$1.57	
000A4404		OSTOMY RING, EACH				$1.74	
000A4405		OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE				$3.50	
000A4406		OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE				$5.92	

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000A4407		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH				$9.04	
000A4408		OSTOMY SKIN BARRIER, WTIH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH				$10.18	
000A4409		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH				$6.41	
000A4410		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH				$9.33	
000A4411		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH				$5.26	
000A4412		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH				$2.78	
000A4413		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH				$5.67	
000A4414		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUTBUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH				$5.08	
000A4415		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION),				$6.19	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WITHOUTBUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH					
000A4416		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH				$2.83	
000A4417		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH				$3.83	
000A4418		OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH				$1.86	
000A4419		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER(2 PIECE), EACH				$1.79	
000A4420		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (TWO PC), EACH				RNE	
000A4421		OSTOMY SUPPLY; MISCELLANEOUS				RNE	
000A4422		OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH				$0.12	
000A4423		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH				$1.91	
000A4424		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH				$4.90	
000A4425		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH				$3.69	
000A4426		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECESYSTEM), EACH				$2.81	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000A4427		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH				$2.86	
000A4428		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH				$6.71	
000A4429		OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITHFAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH				$8.51	
000A4430		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (ONE-PIECE), EACH				$8.79	
000A4431		OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE(1 PIECE), EACH				$6.41	
000A4432		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH				$3.70	
000A4433		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH				$3.44	
000A4434		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH				$3.88	
000A4435		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECESYSTEM), WITH OR WITHOUT FILTER, EACH				RNE	
000A4450		TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES				$0.15	

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000A4452		TAPE, WATERPROOF, PER 18 SQUARE INCHES				$0.41	
000A4455		ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE),PER OZ				$1.47	
000A4456		ADHESIVE REMOVER, WIPES, ANY TYPE, EACH				$0.26	
000A4458		ENEMA BAG WITH TUBING, REUSABLE				RNE	
000A4461		SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH				$3.39	
000A4463		SURGICAL DRESSING HOLDER, REUSABLE, EACH				$13.73	
000A4465		NON-ELASTIC BINDER FOR EXTREMITY				RNE	
000A4466		GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH				RNE	
000A4481		TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH				$0.39	
000A4483		MOISTURE EXCHANGER, DISPOSABLE, FOR USE W/INVASIVE MECHANICAL VENTILATION DENY VW		CLIENT-OWNED EQUP. ONLY(INCLUDED IN RR)		RNE	
000A4490		SURGICAL STOCKINGS,ABOVE KNEE LENGTH, EACH				$16.59	
000A4495		SURGICAL STOCKINGS,THIGH LENGTH, EACH				$22.63	
000A4500		SURGICAL STOCKINGS,BELOW KNEE LENGTH, EACH				$13.58	
000A4510		SURGICAL STOCKINGS,WAIST LENGTH,EACH				$52.81	
000A4550		SURGICAL TRAYSPAYABLE TO PODIATRISTS ONLY.				$72.43	
000A4556		ELECTRODES, PER PAIR E.G. APNEA MONITOR				$10.65	
000A4557		LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR				$18.51	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000A4558		CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER OZ				$5.62	
000A4561		PESSARY, RUBBER, ANY TYPE				$21.01	
000A4562		PESSARY, NON RUBBER, ANY TYPE				$52.26	
000A4565		SLINGS				RNE	
000A4595		ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)				$29.26	
000A4600		SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH				RNE	
000A4601		LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT				RNE	
000A4604		TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE				$72.32	
000A4605		TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH				$18.10	
000A4606	RB	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT DENY VP		CLIENT-OWNED EQUP. ONLY		RNE	
000A4608	RB	TRANSTRACHEAL OXYGEN CATHETER, EACH, (FOR PT OWNED EQUIPMENT)		CLIENT-OWNED EQUP. ONLY		$60.01	
000A4611	RB	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		CLIENT-OWNED EQUP. ONLY		$183.37	
000A4612		BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR				RNE	
000A4612	RB	BATERY CABLES				$86.11	
000A4613	RB	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		CLIENT-OWNED EQUP. ONLY		RNE	
000A4614	KR	PEAK EXPIRATORY FLOW RATE METER, HAND HELD				$0.08	
000A4614	NU	PEAK EXPIRATORY FLOW RATE METER, HAND HELD, NEW				$24.54	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000A4614	RR	PEAK EXPIRATORY FLOW RATE METER, HAND HELD				$2.45	
000A4615	RB	CANNULA, NASAL				$0.75	
000A4616	RB	TUBING, OXYGEN, PER FOOT				$0.08	
000A4618	RB	BREATHING CIRCUITS				$10.23	
000A4619	RB	FACE TENT				$12.85	
000A4620	RB	VARIABLE CONCENTRATION MASK				$0.71	
000A4623		TRACHEOSTOMY, INNER CANNULA				$5.74	
000A4624	NU	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH******				$2.71	
000A4624	22	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	X	PA Required Except for in a NF/ICF		RNE	
000A4625		TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMYCOVERED FOR TWO WEEK POST OP PERIOD ONLY				$7.01	
000A4626		TRACHEOSTOMY CLEANING BRUSH				$2.79	
000A4627		SPACER, BAG OR RESERVOIR, WITH OR W/0 MASK, FOR USE WITH METERED DOSEINHALER (EXAMPLE: AEROCHAMBER)				$42.25	
000A4628		OROPHARYNGEAL SUCTION CATHETER, EACH				$3.76	
000A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY				$4.75	
000A4635	RB	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH				$4.79	
000A4636	RB	REPLACEMENT HANDGRIP, CANE, CRUTCH OR WALKER, EACH				$3.27	
000A4637	RB	REPLACEMENT TIP, CAN, CRUTCH OR WALKER, EACH				$4.78	
000A4639	RB	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH				$327.91	

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000A4640	RB	REPLACMENET PAD FOR USE WITH MED NEC ALTERNATING PRESSURE PAD OWN BY PT				$78.46	
000A4649		SURGICAL SUPPLIES, MISCELLANEOUS				RNE	
000A4653		PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH				RNE	
000A4657		SYRINGE, WITH OR WITHOUT NEEDLE, EACH				$0.40	
000A4660	NU	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE				$45.27	
000A4663		BLOOD PRESSURE CUFF ONLY				RNE	
000A4663	RB	BLOOD PRESSURE CUFF ONLY		CLIENT-OWNED EQUP. ONLY		RNE	
000A4670	KR	AUTOMATIC BLOOD PRESSURE MONITOR				$0.24	
000A4670	NU	AUTOMATIC BLOOD PRESSURE MONITOR			X	$75.45	
000A4670	RR	AUTOMATIC BLOOD PRESSURE MONITOR				$7.54	
000A4670	22	AUTOMATIC BLOOD PRESSURE MONITOR - TALKING				RNE	
000A4911		DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH				RNE	
000A4927		GLOVES, NON-STERILE, PER 100		MAX UNITS: 3/MONTH		$10.12	
000A4928		SURGICAL MASK, PER 20				RNE	
000A4930		GLOVES, STERILE, PER PAIR				$1.50	
000A4931		ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH				$5.28	
000A4932		RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH				$5.28	
000A5051		OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH				$2.13	
000A5052		OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH				$1.53	

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000A5053		OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH				$1.79	
000A5054		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH				$1.84	
000A5055		STOMA CAP				$1.46	
000A5057		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT INCONVEXITY, WITH FILTER, (1 PIECE), EACH				RNE	
000A5061		OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH				$3.63	
000A5062		OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH				$2.15	
000A5063		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH				$2.78	
000A5071		OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH				$6.20	
000A5072		OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH				$3.56	
000A5073		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH				$3.28	
000A5081		CONTINENT DEVICE; PLUG FOR CONTINENT STOMA				$3.40	
000A5082		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA				$12.27	
000A5083		CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA				$0.69	
000A5093		OSTOMY ACCESSORY, CONVEX INSERT				$2.01	
000A5102		BEDSIDE DRAINAGE BOTTLE, W OR W/O TUBING, RIGID OR				$23.14	

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		EXPANDABLE,EACH					
000A5105		URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH				$35.76	
000A5112		URINARY LEG BAG; LATEX				$32.73	
000A5113		LEG STRAP, LATEX, REPLACEMENT ONLY PER SET				$4.85	
000A5114		LEG STRAP, FOAM OR FABRIC, REPLACEMENT ONLY, PER SET				$9.22	
000A5120		SKIN BARRIER, WIPES OR SWABS, EACH				$0.27	
000A5121		SKIN BARRIER, SOLID, 6 X 6 OR EQIVALENT, EACH				$7.69	
000A5122		SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH				$13.26	
000A5126		ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD				$1.36	
000A5131		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.				$13.91	
000A5200		PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT				$11.65	
000A5500		FOR DIABETICS ONLY, FITTING (INCL FOLLOW UP) CUSTOM PREP AND SUPPLY OFF-THE-SHELF DEPTH-INLAY SHOE MANU TO ACCOM MULTI-DENSITY INSERT(S) EACH			X	$65.62	
000A5501		CUSTOM PREP AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE) PER SHOE-FOR DIABETICS ONLY (INCLUDING FOLLOW UP)			X	$196.84	
000A5503		MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOW OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM PER SHOE				$29.18	

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000A5504		MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE ORCUSTOM-MOLDED SHOW WITH WEDGE (S), PER SHOE, FOR DIABETICS ONLY				$29.18	
000A5505		MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE, FOR DIABETICS ONLY				$29.18	
000A5506		MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE FOR DIABETICS ONLY				$29.18	
000A5507		FOR DIABETICS ONLY, NOS MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE(REVIEW SERVICE)				$29.18	
000A5508		FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE				RNE	
000A5510		FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED				RNE	
000A5512		FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER				$26.77	
000A5513		FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OFPATIENT'S FOOT,				$39.95	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARC					
000A6010		COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN				$31.95	
000A6011		COLLAGEN BASED WOUND FILLER, GEL/PASTE, STERILE, PER GRAM OF COLLAGEN				$2.35	
000A6021		COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH				$21.69	
000A6022		COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH				$21.69	
000A6023		COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH				$196.41	
000A6024		COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES				$6.38	
000A6025		GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH				RNE	
000A6154		WOUND POUCH EACH				$14.82	
000A6196		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING				$7.58	
000A6197		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORETHAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING				$16.96	
000A6198		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORETHAN 48 SQ. IN., EACH DRESSING				RNE	
000A6199		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE,				$5.46	

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		PER 6 INCHES					
000A6203		COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$3.45	
000A6204		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OREQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$6.43	
000A6205		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				RNE	
000A6206		CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING				RNE	
000A6207		CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.IN., EACH DRESSING				$7.57	
000A6208		CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING				RNE	
000A6209		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				$7.72	
000A6210		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESSTHAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				$20.56	
000A6211		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUTADHESIVE BORDER, EACH DRESSING				$30.31	

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000A6212		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$10.01	
000A6213		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESSTHAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH				RNE	
000A6214		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$10.62	
000A6215		FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM				RNE	
000A6216		GZE, NON-IMPREGNATED, NON-STER., 16 SQ IN W/O ADH. BORDER, EA. DRESSING				$0.05	
000A6217		GZE., NON-IMPREGNATED, NON-STER., 16 SQ IN TO 48 SQ IN, W/O ADH. BORDER EACH DRESSING				$0.52	
000A6218		GZE, NON-IMPREGNATED, NON-STER., MORE THAN 48 SQ IN, W/O ADH. BORDER, EACH DRESSING				RNE	
000A6219		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZEADHESIVE BORDER, EACH DRESSING				$0.98	
000A6220		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$2.66	
000A6221		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZEADHESIVE BORDER, EACH DRESSING				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000A6222		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/OUT ADHESIVE BORDER, EACH DRESSING				$2.19	
000A6223		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ.				$2.49	
000A6224		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				$3.72	
000A6228		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. ORLESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				RNE	
000A6229		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER				$3.72	
000A6230		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				RNE	
000A6231		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING				$4.83	
000A6232		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH				$7.10	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000A6233		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING				$19.80	
000A6234		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				$6.75	
000A6235		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH				$17.36	
000A6236		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN.,WITHOUT ADHESIVE BORDER, EACH DRESSING				$28.12	
000A6237		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$8.16	
000A6238		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER				$23.52	
000A6239		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN.,WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				RNE	
000A6240		HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE				$12.63	
000A6241		HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM				$2.65	
000A6242		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN.				$6.26	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		OR LESS, WITHOUTADHESIVE BORDER, EACH DRESSING					
000A6243		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS				$12.70	
000A6244		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				$40.54	
000A6245		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$7.50	
000A6246		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH				$10.23	
000A6247		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$24.54	
000A6248		HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OUNCE				$16.76	
000A6250		SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMTS,ANY TYPE OR SIZE.PRICE ADDED 2/01/00				$2.15	
000A6251		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. ORLESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				$2.05	
000A6252		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT				$3.35	

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		ADHESIVE BORDER					
000A6253		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				$6.54	
000A6254		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. ORLESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				$1.24	
000A6255		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE				$3.12	
000A6256		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				RNE	
000A6257		TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING				$1.57	
000A6258		TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING				$4.43	
000A6259		TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING				$11.29	
000A6261		WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED				RNE	
000A6262		WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT OTHERWISE SPECIFIED				RNE	
000A6266		GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD				$1.98	
000A6402		GZE., NON-IMPREGNATED, STERILE, 16				$0.12	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SQ IN OR LESS, W/O ADH. BORDER, EACH DRESSING					
000A6403		GZE., NON-IMPREGNATED, STERILE, 16 SQ IN TO 48 SQ IN, W/O ADH. BORDER, EACH DRESSING				$0.44	
000A6404		GZE., NON-IMPREGNATED, STERILE, MORE THAN 48 SQ IN, W/O ADH. BORDER, EA.DRESSING				RNE	
000A6407		PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD				$1.94	
000A6410		EYE PAD, STERILE, EACH				$0.40	
000A6411		EYE PAD, NON-STERILE, EACH				$0.34	
000A6412		EYE PATCH, OCCLUSIVE, EACH				$0.34	
000A6413		ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH				RNE	
000A6441		PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				$0.69	
000A6442		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD				$0.17	
000A6443		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				$0.29	
000A6444		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD				$0.57	
000A6445		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE,				$0.33	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WIDTH LESS THAN THREE INCHES, PER YARD					
000A6446		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				$0.42	
000A6447		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD				$0.69	
000A6448		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREEINCHES, PER YARD				$1.19	
000A6449		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				$1.80	
000A6450		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD				RNE	
000A6451		MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN O				RNE	
000A6452		HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREAT				$6.09	
000A6453		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD				$0.62	

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000A6454		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				$0.79	
000A6455		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD				$1.43	
000A6456		ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				$1.32	
000A6457		TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD				$1.17	
000A6501		COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED				RNE	
000A6502		COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED				RNE	
000A6503		COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED				RNE	
000A6504		COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED				RNE	
000A6505		COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED				RNE	
000A6506		COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED				RNE	
000A6507		COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED				RNE	

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000A6508		COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED				RNE	
000A6509		COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST),CUSTOM FABRICATED				RNE	
000A6510		COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED				RNE	
000A6511		COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED				RNE	
000A6512		COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED				RNE	
000A6513		COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED				RNE	
000A6530		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH				$31.68	
000A6531		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH				$51.30	
000A6532		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH			X	$65.98	
000A6533		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH				$45.27	
000A6534		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH			X	$69.41	
000A6535		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH			X	$75.45	
000A6536		GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH				$45.27	
000A6537		GRADIENT COMPRESSION STOCKING,			X	$69.41	

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		FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH					
000A6538		GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH			X	$87.52	
000A6539		GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH			X	$55.83	
000A6540		GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH		1 UNIT = 1 PAIR; COPAY IF EXCEEDS $50	X	RNE	
000A6541		GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH			X	$196.17	
000A6544		GRADIENT COMPRESSION STOCKING, GARTER BELT			X	$52.81	
000A6545		GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH			X	RNE	
000A6549		GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED		MUST USE SPECIFIC, COMPRESSION STOCKING OR SLEEVE CODE. COMPRESSION SYSTEMS NOT COVERED. REQUIRES PRIOR AUTH IF BILLED OVER $300.	X	RNE	
000A7000		CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH				$9.84	
000A7001	NU	CANISTER, NON-DISPOSABLE, USED WITH SUCITON PUMP, EACH				$34.14	
000A7002		TUBING, USED WITH SUCTION PUMP, EACH				$3.95	
000A7003		ADMIN SET, W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE				$2.82	
000A7004		SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE				$1.85	
000A7005		ADMIN SET, W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE				$31.82	

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000A7006		ADMIN SET, W/SMALL VOLUME FILTERED PNEUMATIC NEBULIZER				$9.84	
000A7007		LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED W/AEROSOL COMPRESSOR				$4.75	
000A7008		LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR				$11.35	
000A7009	NU	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER				$43.39	
000A7010		CORRUGATED TUBING, DISPOSABLE, USED W/LARGE VOLUME NEBULIZER, 100 FT.				$24.34	
000A7011		CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FT				RNE	
000A7012		WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER				$3.90	
000A7013		FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR				$0.85	
000A7014		FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR				$4.63	
000A7015	RB	AEROSOL MASK, USED WITH DME NEBULIZER				$1.94	
000A7016		DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER				$7.48	
000A7017	NU	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN				$138.34	
000A7018		WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				$0.39	
000A7027		COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE		1 PER 3 MONTHS. COPAY IF EXCEEDS $50	X	$196.95	

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		AIRWAY PRESSURE DEVICE, EACH					
000A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH				RNE	
000A7029		NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR				RNE	
000A7030	NU	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		1 PER 3 MONTHS		$194.70	
000A7031	NU	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH		1/MONTH		$72.01	
000A7032	RB	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH		2/MONTH		$37.08	
000A7033		PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR				$29.32	
000A7034	NU	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP				$121.42	
000A7034	RB	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP				$121.42	
000A7035	NU	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$41.02	
000A7035	RB	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$41.02	
000A7036	NU	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$18.78	
000A7036	RB	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT				$18.78	
000A7037	NU	TUBING USED WITH POSITIVE AIRWAY				$42.33	

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		PRESSURE DEVICE					
000A7037	RB	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$42.33	
000A7038	NU	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$5.56	
000A7038	RB	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$5.56	
000A7039	NU	FILTER. NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$15.82	
000A7039	RB	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$15.82	
000A7040		ONE WAY CHEST DRAIN VALVE				$41.55	
000A7041		WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE				$78.08	
000A7043		VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER				$29.57	
000A7044		ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH				$124.79	
000A7045		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY				$21.48	
000A7046	RB	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT , EACH				$20.13	
000A7501		TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH				$108.40	
000A7503		FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH				$11.69	

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000A7504		FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH				$0.69	
000A7505		HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGESYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH				$4.83	
000A7506		ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITHTRACHEOSTOMA VALVE, ANY TYPE EACH				$0.34	
000A7507		FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH				$2.56	
000A7508		HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH				$2.96	
000A7509		FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH				$1.45	
000A7520		TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONEOR EQUAL, EACH				$49.00	
000A7521		TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH				$48.56	
000A7522		TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH				$46.61	
000A7523		TRACHEOSTOMY SHOWER PROTECTOR, EACH				RNE	

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000A7524		TRACHEOSTOMA STENT/STUD/BUTTON, EACH				$79.88	
000A7525		TRACHEOSTOMY MASK, EACH				$2.13	
000A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH				$3.47	
000A7527		TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH				$3.69	
000A8000		HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES			X	$162.73	
000A8001		HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES			X	$162.73	
000A9586		FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES				RNE	
000A9900		MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE				RNE	
000A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED				RNE	
000B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY				$6.76	
000B4035		ENTERAL FEEDING SUPPLY KIT: PUMP FED, PER DAY				$12.89	
000B4036		ENTERAL FEEDING SUPPLY KIT: GRAVITY FED, PER DAY				$8.84	
000B4081		NASOGASTRIC TUBING WITH STYLET				$23.90	
000B4082		NASOGASTRIC TUBING WITHOUT STYLET				$17.78	
000B4083		STOMACH TUBE, LEVINE TYPE				$2.72	
000B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH		MAX 1 UNIT/3 MO		$38.94	

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000B4088		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH		MAX 1 UNIT/3 MO. RATE NOT TO EXCEED $120		RNE	
000B4149		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M				$1.73	
000B4149	BO	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M				$1.73	
000B4150		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES 100 CALORIES = 1 UNIT				$0.74	
000B4150	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES 100 CALORIES = 1 UNIT				$0.74	
000B4152		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS				$0.61	
000B4152	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS				$0.61	
000B4153		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS ANDPEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINER				$2.10	
000B4153	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS ANDPEPTIDE CHAIN),				$2.10	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINER					
000B4154		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF				$1.34	
000B4154	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF				$1.34	
000B4155		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO				$1.05	
000B4155	BO	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO				$1.05	
000B4157		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FORINHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOH				RNE	
000B4157	BO	ENTERAL FORMULA, NUTRTIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. 100 CAL = 1 UNIT				RNE	
000B4158		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M				$0.73	

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000B4158	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMLETE WITH INTACT NUTRIENTS 100 CALORIES = 1 UNIT				$0.73	
000B4159		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACTNUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND				$0.73	
000B4159	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS MAY INCL FIBER AND/OR IRON 100 CALORIES = 1 UNIT				$0.73	
000B4160		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, IN				$0.73	
000B4160	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLYDENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) 100 CALORIES = 1 UNIT				$0.73	
000B4161		ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M				$2.08	
000B4161	BO	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS 100 CALORIES = 1 UNIT				$2.08	
000B4162		ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS,				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CARBOHYDRATES, VITAMINS					
000B4162	BO	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. 100 CALORIES = 1 UNIT				RNE	
000B4164		PARENTERAL NUTRITION SOLUTION: CARBONYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX				$18.21	
000B4168		PARENTERAL NUTRITION SOLUTION, AMINO ACID 3.5% (500 ML = 1 UNIT)(HOMEMIX)				$26.54	
000B4172		PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML =1 UNIT) (HOMEMIX)				$109.68	
000B4176		PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5% (500ML = 1 UNIT) - HOMEMIX				$51.36	
000B4178		PARENTERAL NUTRITION SOLUTION: AMINO ACID, GRATER THAN 8.5% (500ML = 1 UNIT) - HOMEMIX				$61.67	
000B4180		PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES, (DEXTROSE), GREATER THAN 50% (500 ML = 1 UNIT)				$26.13	
000B4185		PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS				$12.04	
000B4189		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, (SEE HCPC MANUAL) ANY STRETGTH, 10 TO 51 GRAMS PROTEIN				$190.50	
000B4193		PARENTERAL NUTRITION SOLUTION; CPMPOUNDED AMINO ACID AND CARBOYDRATES WITH (SEE HCPCS MANUAL) ANY STRETGTH, 52 TO 73 GRAMS OF PROTIEN - PREMIX				$246.17	

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000B4197		PARENTERAL NUTRITION SOLUTION; COMPOUNDED ANIMO ACID AND CARBOYDRATES WITH (SEE HCPC MANUAL) 74 TO 100 GRAMS OF PROTEIN - PREMIX				$299.70	
000B4199		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOYDRATES WITH (SEE HCPC MANUAL) ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - PREMIX				$342.47	
000B4216		PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, ELECTROLYTES)HOMEMIX PER DAY				$8.27	
000B4220		PARENTERAL NUTRITION SUPPLY KIT, PREMIX, PER DAY				$8.57	
000B4222		PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY				$10.57	
000B4224		PARENTERAL NUTRITION ADMIN KIT, PER DAY				$26.80	
000B5000		PARENTERAL NUTRITION SOLUTION;COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, & VITAMINS, INCLUDING PREP, ANY STRENGTH				$12.73	
000B5100		PARENTERAL NUTRITION SOLUTION;COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, & VITAMINS, INCLUDING PREP,ANY STRENGTH				$4.98	
000B5200		PARENTERAL NUTRITION SOLUTION;COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS,VITAMINS,INCLUDING PREP;PREMIX				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000B9000	KR	ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM				$4.15	
000B9000	LL	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM				RNE	
000B9000	MS	ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM**********MAINTENANCE AND SERVICING FEE FOR REASONALBE NECESSARY PARTS & LABOR WHI				RNE	
000B9000	NU	ENTERAL NUTRITION PUMP WITHOUT ALARM			X	$1,355.74	
000B9000	RR	ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM				$124.58	
000B9002	KR	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM				$4.37	
000B9002	LL	ENTERAL NUTRITION INFUSION PUMP.(CLAIM TO MED SVS TO PRICE)			X	RNE	
000B9002	MS	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM********** MAINTENANCE AND SERVICING FEE FOR REASONABLE AND NECESSARY PARTS & LABOR				$131.30	
000B9002	NU	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM			X	$1,355.74	
000B9002	RB	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM, CLIENT-OWNED, REPAIR				$1,355.74	
000B9002	RR	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM				$131.30	
000B9004	KR	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE				$14.27	
000B9004	RR	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE				$428.11	
000B9006	KR	PARENTERAL NUTRITION INFUSTION PUMP, STATIONARY				$14.27	
000B9006	RR	PARENTERAL NUTRITION INFUSTION				$428.11	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		PUMP, STATIONARY					
000B9998		NOC FOR ENTERAL SUPPLIES.				RNE	
000E0100	KR	CANE, ALL MATERIALS, ADJ OR FIXED, WITH TIPS				$0.20	
000E0100	NU	CANE, ALL MATERIALS, ADJ OR FIXED, WITH TIPS				$21.74	
000E0100	RR	CANE, ALL MATERIALS, ADJ OR FIXED, WITH TIPS				$6.13	
000E0105	KR	CANE, QUAD OR THREE-PRONG, ALL MATERIALS, ADJ OR FIXED, WITH TIPS				$0.25	
000E0105	NU	CANE, QUAD OR THREE-PRONG ALL MATERIALS, ADJ OR FIXED WITH TIPS				$50.68	
000E0105	RR	CANE, QUAD OR THREE-PRONG, ALL MATERIALS, ADJ OR FIXED WITH TIPS				$7.77	
000E0105	UE	CANE, QUAD OR THREE PRONG, ADJ OR FIXED, WITH TIPS (USED)				$42.25	
000E0110	KR	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, W/TIPS & HANDGRIPS				$0.55	
000E0110	NU	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, W/TIPS & HANDGRIPS, EACH			X	$80.08	
000E0110	RR	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, WITH TIPS & HANDGRIP				$16.50	
000E0111	KR	CRUTCH, FOREARM, VARIOUS MATERIAL, ADJ OR FIXED, EACH,W/TIP & HANDGRIP				$0.24	
000E0111	NU	CRUTCH, FOREARM VARIOUS MATERIAL, ADJ OR FIXED EACH, W/TIP AND HANDGRIP			X	$52.72	
000E0111	RR	CRUTCH, FOREARM, VARIOUS MATERIAL, ADJ OR FIXED, EACH, W/TIP & HANDGRIP				$7.40	
000E0112	KR	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED, PAIR, W/PADS, TIPS &				$0.34	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		HANDGRIPS					
000E0112	NU	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED, PAIR W/PADS, TIPS & HANDGRIPS				$38.18	
000E0112	RR	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED, PAIR, W/PADWS, TIPS & HANDGRIPS				$10.24	
000E0113	KR	CRUTCH, UNDERARM, WOOD ADJ OR FIXED, EACH, WITH PAD, TIP & HANDGRIP				$0.17	
000E0113	NU	CRUTCH, UNDERARM, WOOD ADJ OR FIXED, EACH, W/PAD, TIP & HANDGRIPS				$18.53	
000E0113	RR	CRUTCH, UNDERARM, WOOD ADJ OR FIXED, EACH, W/PAD, TIP & HANDGRIP				$5.31	
000E0114	KR	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJ OR FIXED, PAIR				$0.29	
000E0114	NU	CRUTCHES, UNDERARM, OTHER THAN WOOD ADJ OR FIXED, PAIR				$48.70	
000E0114	RR	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJ OR FIXED, PAIR,				$8.84	
000E0114	UE	CRUTCHES, UNDERARM, OTHER THAN WOOD ADJ OR FIXED, PAIR				$36.37	
000E0114	22	CRUTCHES, UNDERARM, BARIATRIC (CLIENT'S WEIGHT OVER 250 POUNDS),OTHERTHAN WOOD, ADJUSTABLE OR FIXED, PAIR		REQUIRES PHYSICIAN S DETAILED ORDER	X	RNE	
000E0116	KR	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP,HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH				$0.18	
000E0116	NU	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP,HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH				$28.63	
000E0116	RR	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH				$5.57	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		PAD, TIP,HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH					
000E0117	KR	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH				$0.66	
000E0117	NU	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH			X	$198.90	
000E0117	RR	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH				$19.87	
000E0118	KR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH				RNE	
000E0118	NU	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH			X	RNE	
000E0118	RR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH				RNE	
000E0130	KR	WALKER, RIGID (PICKUP), ADJ OR FIXED HEIGHT				$0.49	
000E0130	NU	WALKER, RIGID(PICKUP) ADJ OR FIXED HEIGHT			X	$72.45	
000E0130	RR	WALKER, RIGID (PICKUP), ADJ OR FIXED HEIGHT				$14.75	
000E0130	22	WALKER, RIGID (PICKUP) ADJ OR FIXED HEIGHT	X	PA Required Except for in a NF/ICF		RNE	
000E0135	KR	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT				$0.50	
000E0135	LL	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT				RNE	
000E0135	NU	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT			X	$86.53	
000E0135	RR	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT				$15.14	
000E0135	UE	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT (UNIT VALUE FOR USED EQUIP (UE) ADDED 8/27/99)			X	$81.48	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0140	KR	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE				$1.24	
000E0140	NU	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE			X	$372.30	
000E0140	RR	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE				$37.23	
000E0141	KR	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT				$0.76	
000E0141	NU	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT			X	$118.99	
000E0141	RR	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT				$23.07	
000E0143	KR	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT				$0.74	
000E0143	LL	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT			X	RNE	
000E0143	NU	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT			X	$118.99	
000E0143	RR	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT				$22.28	
000E0143	UE	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT			X	$104.46	
000E0144	KR	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIORSEAT				$1.09	
000E0144	NU	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIORSEAT			X	$328.68	
000E0144	RR	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIORSEAT				$32.88	
000E0147	KR	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL				$1.97	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		RESISTANCE					
000E0147	NU	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE			X	$593.28	
000E0147	RR	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE				$59.32	
000E0148	KR	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH				$0.43	
000E0148	NU	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH			X	$131.13	
000E0148	RR	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH				$13.12	
000E0148	UE	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH			X	$109.40	
000E0149	KR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE				$0.76	
000E0149	NU	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE			X	$230.37	
000E0149	RR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE				$23.03	
000E0153	KR	PLATFORM ATTACHMENT, FOREARM, CRUTCH, EACH				$0.22	
000E0153	NU	PLATFORM ATTACHMENT, FOREARM, CRUTCH, EACH				$61.04	
000E0153	RR	PLATFORM ATTACHMENT, FOREARM, CRUTCH, EACH				$6.87	
000E0154	KR	PLATFORM ATTACHMENT, WALKER, EACH				$0.29	
000E0154	NU	PLATFORM ATTACHMENT, WALKER, EACH				$72.77	
000E0154	RA	PLATFORM ATTACHMENT, WALKER,				$72.77	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		EACH					
000E0154	RB	PLATFORM ATTACHMENT, WALKER, EACH				$72.77	
000E0154	RR	PLATFORM ATTACHMENT, WALKER, EACH				$8.83	
000E0155	KR	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR				$0.11	
000E0155	NU	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR				$27.69	
000E0155	RA	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR				$27.69	
000E0155	RB	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR				$27.69	
000E0155	RR	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR				$3.37	
000E0156	KR	SEAT ATTACHMENT, WALKER				$0.11	
000E0156	NU	SEAT ATTACHMENT, WALKER				$27.27	
000E0156	RR	SEAT ATTACHMENT, WALKER				$3.48	
000E0157	KR	CRUTCH ATTACHMENT, WALKER, EACH				$0.26	
000E0157	NU	CRUTCH ATTACHMENT, WALKER, EACH				$71.86	
000E0157	RR	CRUTCH ATTACHMENT, WALKER, EACH				$7.88	
000E0158	KR	LEG EXTENSIONS FOR WALKER, PER SET OF 4				$0.11	
000E0158	NU	LEG EXTENSIONS FOR WALKER, PER SET OF 4				$33.21	
000E0158	RR	LEG EXTENSIONS FOR WALKER, PER SET OF 4				$3.47	
000E0159	KR	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH				$0.06	
000E0159	NU	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH				$18.44	
000E0159	RR	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH				$1.85	
000E0160	NU	SITZ TYPE BATH OR EQUIP, PORTABLE,				$29.00	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WITH OR WITHOUT COMMODE					
000E0161	NU	SITZ TYPE BATH OR EQUIP, PORTABLE, WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENTS				$24.94	
000E0162	NU	SITZ BATH CHAIR			X	$150.38	
000E0162	RR	SITZ BATH CHAIR				$15.78	
000E0163	KR	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS				$0.71	
000E0163	NU	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS			X	$113.83	
000E0163	RR	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS				$21.43	
000E0163	UE	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS			X	$109.77	
000E0165	KR	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS				$0.63	
000E0165	NU	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS			X	$191.77	
000E0165	RR	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS				$19.17	
000E0167	RB	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY				$15.09	
000E0168	KR	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH				$0.51	
000E0168	NU	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH			X	$155.77	
000E0168	RR	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR				$15.57	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH					
000E0170	KR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE				$5.52	
000E0170	NU	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE			X	$1,658.86	
000E0170	RR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE				$165.88	
000E0171	KR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE				$0.99	
000E0171	NU	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE			X	$298.49	
000E0171	RR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE				$29.84	
000E0172	KR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE				RNE	
000E0172	NU	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE			X	RNE	
000E0172	RR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE				RNE	
000E0175	KR	FOOT REST FOR USE WITH COMMODE CHAIR, EACH				$0.22	
000E0175	NU	FOOT REST FOR USE WITH COMMODE CHAIR, EACH				$68.35	
000E0175	RR	FOOTREST FOR USE WITH COMMODE CHAIR, EACH				$6.83	
000E0181	KR	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY				$0.89	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0181	NU	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY			X	$268.97	
000E0181	RR	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY				$26.89	
000E0182	KR	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY				$0.90	
000E0182	NU	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY				$270.21	
000E0182	RA	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY				$270.21	
000E0182	RR	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY				$27.02	
000E0184	KR	DRY PRESSURE MATTRESSTO MED SVS IF IN MURSING FACILITY				$0.84	
000E0184	NU	DRY PRESSURE MATTRESS			X	$200.95	
000E0184	RR	DRY PRESSURE MATTRESSTO MED SVS IF IN NURSING FACILITY				$25.35	
000E0185	KR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATT LENGTH AND WIDTH				$1.31	
000E0185	NU	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH			X	$330.14	
000E0185	RR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATT LENGTH AND WIDTH				$39.42	
000E0186	KR	AIR PRESSURE MATTRESS				$0.59	
000E0186	NU	AIR PRESSURE MATTRESS				$178.14	
000E0186	RR	AIR PRESSURE MATTRESS				$17.81	
000E0187	KR	WATER PRESSURE MATTRESS				$0.79	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0187	NU	WATER PRESSURE MATTRESS			X	$239.56	
000E0187	RR	WATER PRESSURE MATTRESS				$23.95	
000E0188	NU	SYNTHETIC SHEEPSKIN PAD				$23.19	
000E0189	NU	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE				$45.58	
000E0190	KR	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES				RNE	
000E0190	NU	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES			X	RNE	
000E0190	RR	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES				RNE	
000E0191	NU	HEEL OR ELBOW PROTECTOR, EACH				$8.76	
000E0193	KR	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)		COORDINATION PLAN REQUIRED		$31.08	X
000E0193	RR	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)		COORDINATION PLAN REQUIRED		$932.50	X
000E0194	KR	AIR FLUIDIZED BED.		COORDINATION PLAN REQUIRED		$111.96	X
000E0194	RR	AIR FLUIDIZED BED		COORDINATION PLAN REQUIRED		$3,358.95	X
000E0196	KR	GEL PRESSURE MATTRESS				$1.11	
000E0196	NU	GEL PRESSURE MATTRESS			X	$335.34	
000E0196	RR	GEL PRESSURE MATTRESS				$33.53	
000E0197	NU	AIR PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH			X	$228.70	
000E0197	RA	AIR PRESSURE PAD FOR MATTRESS LENGTH AND WIDTH			X	$228.70	
000E0197	RR	AIR PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH				$31.55	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0198	KR	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH				$0.78	
000E0198	NU	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH			X	$228.70	
000E0198	RR	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH				$23.68	
000E0199	NU	DRY PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH				$32.18	
000E0200	KR	HEAT LAMP, W/O STAND (TABLE MODEL) INCLUDES BULB OR INFRARED ELEMENT				$0.31	
000E0200	NU	HEAT LAMP, W/O STAND (TBL MDL) INCLUDES BULB, OR INFRARED ELEMENT			X	$70.74	
000E0200	RR	HEAT LAMP, W/O STAND (TBL MDL) INCLUDES BULB OR INFRARED ELEMENT				$9.44	
000E0202	KR	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER		COORDINATION PLAN REQUIRED		$105.63	
000E0205	KR	HEAT LAMP W/STAND INCLUDES BULB OR INFRARED ELEMENT				$0.73	
000E0205	NU	HEAT LAMP W/STAND, INCLUDES BULB OR INFRARED ELEMENT			X	$200.29	
000E0205	RR	HEAT LAMP W/STAND INCLUDES BULB OR INFRARED ELEMENT				$22.02	
000E0210	NU	ELECTRIC HEAT PAD, STANDARD				$33.68	
000E0215	NU	ELECTRIC HEAT PAD, MOIST.				$73.11	
000E0215	RR	ELECTRIC HEAT PAD, MOIST				$7.64	
000E0217	KR	WATER CIRC HEAT PAD WITH PUMP				$1.61	
000E0217	NU	WATER CIRC HEAT PAD WITH PUMP			X	$435.56	
000E0217	RR	WATER CIRC HEAT PAD WITH PUMP				$48.50	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0221	KR	INFRARED HEATING PAD SYSTEM				$7.93	
000E0221	NU	INFRARED HEATING PAD SYSTEM			X	$2,380.00	
000E0221	RR	INFRARED HEATING PAD SYSTEM				$237.99	
000E0225	KR	HYDROCOLLATOR UNIT, INCLUDES PADS				$1.31	
000E0225	NU	HYDROCOLLATOR UNIT, INCLUDES PADS			X	$401.14	
000E0225	RR	HYDROCOLLATOR UNIT, INCLUDES PADS				$39.54	
000E0235	KR	PARAFFIN BATH UNIT, PORTABLE				$0.53	
000E0235	NU	PARAFFIN BATH UNIT, PORTABLE			X	$159.98	
000E0235	RR	PARAFFIN BATH UNIT, PORTABLE				$15.99	
000E0236	RB	PUMP FOR WATER CIRCULATING PAD		FOR CLIENT-OWNED HEATING PAD ONLY		RNE	
000E0239	KR	HYDROCOLLATOR UNIT, PORTABLE				$1.31	
000E0239	NU	HUDROCOLLATOR UNIT, PORTABLE			X	$394.65	
000E0239	RR	HYDROCOLLATOR UNIT, PORTABLE				$39.46	
000E0240	KR	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE				RNE	
000E0240	NU	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE			X	RNE	
000E0240	RR	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE				RNE	
000E0241	NU	BATH TUB WALL RAIL, EACH				$36.21	
000E0241	RR	BATH TUB WALL RAIL, EACH				$3.62	
000E0242	NU	BATH TUB RAIL, FLOOR BASE			X	$82.99	
000E0243	KR	TOILET RAIL, EACH				$0.20	
000E0243	NU	TOILET RAIL, EACH				$60.36	
000E0243	RR	TOILET RAIL, EACH				$6.03	
000E0244	NU	RAISED TOILET SEAT			X	$69.41	
000E0245	KR	TUB STOOL OR BENCH				$0.25	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0245	NU	TUB STOOL OR BENCH			X	$73.94	
000E0245	RR	TUB STOOL OR BENCH				$7.39	
000E0245	22	TUB STOOL OR BENCH .	X	PA Required Except for in a NF/ICF	X	RNE	
000E0246	KR	TRANSFER TUB RAIL ATTACHMENT				$0.33	
000E0246	NU	TRANSFER TUB RAIL ATTACHMENT				$45.04	
000E0246	RR	TRANSFER TUB RAIL ATTACHMENT				$4.51	
000E0247	KR	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING				RNE	
000E0247	NU	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING			X	RNE	
000E0247	RR	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING				RNE	
000E0248	KR	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING				RNE	
000E0248	NU	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING			X	RNE	
000E0248	RR	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING				RNE	
000E0249	RB	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY				$102.61	
000E0250	KR	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS				$3.36	
000E0250	NU	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS			X	$1,009.02	
000E0250	RR	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS WITH MATTRESS				$100.90	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0251	KR	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, W/O MATTRESS				$2.16	
000E0251	NU	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS W/O MATTRESS			X	$649.94	
000E0251	RR	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE OF SIDE RAILS, W/O MATTRESS				$64.99	
000E0255	KR	HOSPITAL BED, VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS WITH MATTRESS				$4.04	
000E0255	NU	HOSPITAL BED, VARIABLE HGT, HI-LO WITH ANY TYPE SIDE RAILS, WITH MATTRESS			X	$1,212.56	
000E0255	RR	HOSPITAL BED, VARIABLE HGT, HI-LO, WITH ANY TYPE SIDE RAILS WITH MATTRESS				$121.25	
000E0256	KR	HOSPITAL BED, VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS W/O MATTRESS				$2.78	
000E0256	NU	HOSPITAL BED VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS W/O MATTRESS			X	$835.83	
000E0256	RR	HOSPITAL BED, VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS, W/O MATTRESS				$83.58	
000E0260	KR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRESS	X	PA Required Except for in a NF/ICF		$4.83	
000E0260	LL	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRESS	X	SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.		RNE	
000E0260	NU	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,449.75	
000E0260	RR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS	X	PA Required Except for in a NF/ICF		$144.97	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		W/MATTRESS					
000E0260	UE	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,087.31	
000E0261	KR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MATTRESS	X	PA Required Except for in a NF/ICF		$4.00	
000E0261	NU	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,201.41	
000E0261	RR	HOSPITAL BED, SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MATTRESS	X	PA Required Except for in a NF/ICF		$120.14	
000E0265	KR	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS	X	PA Required Except for in a NF/ICF		$6.46	
000E0265	NU	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,938.16	
000E0265	RR	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS	X	PA Required Except for in a NF/ICF		$193.81	
000E0265	UE	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,373.19	
000E0266	KR	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE RAILS W/O MATTRESS	X	PA Required Except for in a NF/ICF		$5.89	
000E0266	NU	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) WITH ANY TYPE RAILS W/O MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,767.34	
000E0266	RR	HOSPITAL MED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE RAILS W/O MATTRESS	X	PA Required Except for in a NF/ICF		$176.73	
000E0271	KR	MATTRESS, INNERSPRING				$0.69	
000E0271	LL	MATTRESS,INNERSPRING		SEE CONVERSION, RENTAL TO		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
				PURCHASE. SEE 471 NAC 7-010.09.			
000E0271	NU	MATTRESS, INNERSPRING			X	$208.87	
000E0271	RA	MATTRESS, INNERSPRING			X	$208.87	
000E0271	RR	MATTRESS, INNERSPRING				$20.89	
000E0272	KR	MATTRESS, FOAM RUBBER				$0.69	
000E0272	NU	MATTRESS, FOAM RUBBER			X	$208.87	
000E0272	RA	MATTRESS, FOAM RUBBER			X	$208.87	
000E0272	RR	MATTRESS, FOAM RUBBER				$20.89	
000E0275	NU	BED PAN, STANDARD, METAL OR PLASTIC				$13.42	
000E0276	NU	BED PAN, FRACTURE, METAL OR PLASTIC				$11.67	
000E0280	NU	BED CRADLE, ANY TYPE				$39.42	
000E0290	KR	HOSPITAL BED,FIXED HEIGHT,WITHOUT SIDE RAILS,WITH MATTRESS				$2.34	
000E0290	NU	HOSPITAL BED,FIXED HEIGHT,WITHOUT SIDE RAILS,WITH MATTRESS			X	$703.82	
000E0290	RR	HOSPTIAL BED,FIXED HEIGHT,WITHOUT SIDE RAILS,WITH MATTRESS				$70.38	
000E0291	KR	HOSP BED,FIXED HEIGHT,WITHOUT SIDE RAILS,WITHOUT MATTRESS				$1.58	
000E0291	NU	HOSP BED,FIXED HEIGHT,WITHOUT SIDE RAILS,WITHOUT MATTRESS			X	$476.43	
000E0291	RR	HOSP BED,FIXED HEIGHT,WITHOUT SIDE RAILS,WITHOUT MATTRESS				$47.64	
000E0292	KR	HOSP BED,VARIABLE HEIGHT,HI-LO,WITHOUT SIDE RAILS,WITH MATTRESS				$2.75	
000E0292	NU	HOSP BED,VARIABLE HEIGHT,HI-LO,WITHOUT SIDE RAILS,WITH MATTRESS			X	$826.02	
000E0292	RR	HOSP BED,VARIABLE HEIGHT,HI-LO,WITHOUT SIDE RAILS,WITH				$82.60	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		MATTRESS					
000E0293	KR	HOSP BED,VARIABLE HEIGHT,HI-LO,WITHOUT SIDE RAILS,W/O MATTRESS				$2.21	
000E0293	NU	HOSP BED,VARIABLE HEIGHT,HI-LO,WITHOUT SIDE RAILS, W/O MATTRESS			X	$665.73	
000E0293	RR	HOSP BED,VARIABLE HEIGHT,HI-LO, WITHOUT SIDE RAILS,W/O MATTRESS				$66.57	
000E0294	KR	HOSP BED,SEMI ELEC. WITHOUT SIDE RAILS,WITH MATTRESS	X	PA Required Except for in a NF/ICF		$3.82	
000E0294	NU	HOSP BED,SEMI ELEC. WITHOUT SIDE RAILS, WITH MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,146.20	
000E0294	RR	HOSP BED,SEMI ELEC. WITHOUT SIDE RAILS,WITH MATTRESS	X	PA Required Except for in a NF/ICF		$114.62	
000E0295	KR	HOSP BED,SEMI ELEC. WITHOUT SIDE RAILS,W/O MATTRESS	X	PA Required Except for in a NF/ICF		$3.72	
000E0295	NU	HOSP BED,SEMI ELEC, WITHOUT SIDE RAILS,W/O MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,117.29	
000E0295	RR	HOSP BED,SEMI ELEC. WITHOUT SIDE RAILS, W/O MATTRESS	X	PA Required Except for in a NF/ICF		$111.72	
000E0296	KR	HOSP BED,TOTAL ELEC. WITHOUT SIDE RAILS, W/MATTRESS	X	PA Required Except for in a NF/ICF		$4.80	
000E0296	NU	HOSP BED,TOTAL ELEC, WITHOUT SIDE RAILS,W/MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,440.56	
000E0296	RR	HOSP BED,TOTAL ELEC, WITHOUT SIDE RAILS,W/MATTRESS	X	PA Required Except for in a NF/ICF		$144.05	
000E0297	KR	HOSP BED,TOTAL ELEC, WITHOUT SIDE RAILS, W/O MATTRESS	X	PA Required Except for in a NF/ICF		$4.59	
000E0297	NU	HOSP BED,TOTAL ELEC, WITHOUT SIDE RAILS, W/O MATTRESS	X	PA Required Except for in a NF/ICF	X	$1,378.02	
000E0297	RR	HOSP BED,TOTAL ELEC. WITHOUT SIDE RAILS, W/O MATTRESS	X	PA Required Except for in a NF/ICF		$137.80	
000E0300	KR	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	X	PA Required Except for in a NF/ICF		$9.76	
000E0300	NU	PEDIATRIC CRIB, HOSPITAL GRADE,	X	PA Required Except for in a NF/ICF	X	$2,929.87	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		FULLY ENCLOSED					
000E0300	RR	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	X	PA Required Except for in a NF/ICF		$292.98	
000E0301	KR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	X	PA Required Except for in a NF/ICF		$9.31	
000E0301	NU	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	X	PA Required Except for in a NF/ICF	X	$2,794.23	
000E0301	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	X	PA Required Except for in a NF/ICF		$279.42	
000E0302	KR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN600 POUNDS, WITH ANY TYPE SIDE RAILS, W/O MATTRESS	X	PA Required Except for in a NF/ICF		$24.61	
000E0302	NU	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN600 POUNDS, WITH ANY TYPE SIDE RAILS, W/O MATTRESS	X	PA Required Except for in a NF/ICF	X	$7,384.39	
000E0302	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN600 POUNDS, WITH ANY TYPE SIDE RAILS, W/O MATTRESS	X	PA Required Except for in a NF/ICF		$738.43	
000E0303	KR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	X	PA Required Except for in a NF/ICF		$10.45	
000E0303	NU	HOSPITAL BED, HEAVY DUTY, EXTRA	X	PA Required Except for in a NF/ICF	X	$3,137.52	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WIDE, WITH WEIGHT CAPACITY GREATER THAN 350POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE					
000E0303	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	X	PA Required Except for in a NF/ICF		$313.75	
000E0303	22	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUIPAL TO 600 POUNDS, WITH ANY TYPE SIDE	X	PA Required Except for in a NF/ICF	X	RNE	
000E0304	KR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	X	PA Required Except for in a NF/ICF		$26.51	
000E0304	NU	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	X	PA Required Except for in a NF/ICF	X	$7,954.45	
000E0304	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	X	PA Required Except for in a NF/ICF		$795.44	
000E0305	KR	BED SIDE RAILS,HALF LENGTH (NOTE UNIT 1 PAIR)				$0.61	
000E0305	NU	BED SIDE RAILS,HALF LENGH (NOTE: UNIT 1 PAIR)			X	$183.61	
000E0305	RB	BED SIDE RAILS, HALF LENGTH (NOTE 1 UNIT OF SERVICE = 1 PAIR OF RAILS)				$183.61	
000E0305	RR	BED SIDE RAILS, HALF LENGTH (NOTE UNIT 1 PAIR)				$18.36	
000E0305	UE	BED SIDE RAILS, HALF LENGTH (NOTE: UNIT-1 PAIR)			X	$164.10	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0310	KR	BED SIDE RAILS, FULL LENGTH (NOTE; UNIT = 1 PAIR)				$0.69	
000E0310	NU	BED SIDE RAILS,FULL LENGTH (NOTE UNIT 1 PAIR)			X	$200.38	
000E0310	RB	BED SIDE RAILS, FULL LENGTH (NOTE - 1 UNIT OF SERVICE = 1 PAIR RAILS)				$200.38	
000E0310	RR	BED SIDE RAILS,FULL LENGTH (NOTE UNIT = 1 PAIR)				$20.74	
000E0316	KR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	X	PA Required Except for in a NF/ICF		$7.26	
000E0316	NU	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	X	PA Required Except for in a NF/ICF	X	$2,180.72	
000E0316	RR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	X	PA Required Except for in a NF/ICF		$218.07	
000E0316	22	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	X	PA Required Except for in a NF/ICF	X	RNE	
000E0325	NU	URINAL; MALE, JUG-TYPE, ANY MATERIAL				$10.43	
000E0326	NU	URINAL;FEMALE, JUG-TYPE ANY MATERIAL				$10.83	
000E0328	KR	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU				RNE	
000E0328	NU	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU			X	RNE	
000E0328	RR	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU					
000E0329	KR	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	X	PA Required Except for in a NF/ICF		RNE	
000E0329	NU	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	X	PA Required Except for in a NF/ICF	X	RNE	
000E0329	RR	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	X	PA Required Except for in a NF/ICF		RNE	
000E0370	NU	AIR PRESSURE ELEVATOR FOR HEEL			X	RNE	
000E0371	KR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WIDSEND CLAIM TO MED SVC				$15.29	
000E0371	NU	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WID			X	$4,587.69	
000E0371	RR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WID				$458.76	
000E0373	KR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS				$21.14	
000E0373	NU	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS			X	$6,342.23	
000E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS				$634.22	
000E0424	KR	STATIONARY COMPRESSED GASEOUS				$6.82	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER/CANNULA/MASK & TUBING					
000E0424	QE	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, TUBING; PRESCRIBED OXYGEN LESS THAN 1 LITERS PER MINUTE (LPM)				$102.38	
000E0424	QF	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,TUBING; PRESCRIBED O2 EXCEEDS 4 LPM AND PORTABLE 02 PRESCRIBED				$307.16	
000E0424	QG	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,TUBING; PRESCRIBED AMOUNT OF O2 GREATER THAN 4 LITERS PER MINUTE.				$307.16	
000E0431	KR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER/REGULATOR/FLOWMETER/HUMIDIFIER/CANNULA OR MASK, AND TUBING				$1.09	
000E0431	QE	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING				$16.41	
000E0431	QF	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING				$49.22	
000E0431	QG	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,				$49.22	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING					
000E0431	RR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER/REG ULATOR/FLOWMETER/HUMIDIFIER/CAN NULA OR MASK, AND TUBING				$32.81	
000E0434	KR	PORTABLE LIQUID OXYGEN SYSTEM,RENTAL				$1.09	
000E0434	QE	PORTABLE LIQUID OXYGEN SYSTEM,RENTAL				$16.41	
000E0434	QF	PORTABLE LIQUID OXYGEN SYSTEM,RENTAL				$49.22	
000E0434	QG	PORTABLE LIQUID OXYGEN SYSTEM,RENTAL				$49.22	
000E0434	RR	PORTABLE LIQUID OXYGEN SYSTEM,RENTAL				$32.81	
000E0439	KR	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/F LOWMETER/HUMIDIFIER/NEBULIZER, CANNULA OR MASK, & TUBING				$6.82	
000E0439	QE	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, &				$102.38	
000E0439	QF	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, &				$307.16	
000E0439	QG	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, &				$307.16	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0439	RR	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER, CANNULA OR MASK, & TUBING				$204.77	
000E0441	NU	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				$79.93	
000E0441	QE	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				$39.97	
000E0441	QF	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				$119.91	
000E0441	QG	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				$119.91	
000E0442	NU	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				$79.93	
000E0442	QE	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				$39.97	
000E0442	QF	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				$119.91	
000E0442	QG	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				$119.91	
000E0443	NU	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				$79.93	
000E0443	QE	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				$39.97	
000E0443	QF	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				$119.91	
000E0443	QG	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				$119.91	
000E0444	NU	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				$79.93	
000E0444	QE	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				$39.97	
000E0444	QF	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				$119.91	
000E0444	QG	PORTABLE OXYGEN CONTENTS,				$119.91	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		LIQUID, 1 MONTH'S SUPPLY = 1 UNIT					
000E0445	KR	OXIMETERE DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	X	PA Required Except for in a NF/ICF		$22.78	
000E0445	MS	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	X	PA Required Except for in a NF/ICF		$682.82	
000E0445	RR	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	X	PA Required Except for in a NF/ICF		$682.97	
000E0450	KR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T				$31.73	
000E0450	MS	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T				$977.83	
000E0450	RR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T				$952.14	
000E0453	KR	THERAPEUTIC VENTILATOR; SUITABLE FOR 12 HRS OR LESS PER DAY				$25.81	
000E0453	RR	THERAPEUTIC VENTILATOR; SUITABLE FOR 12 HRS OR LESS PER DAY				$774.56	
000E0455	RA	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS				RNE	
000E0455	RB	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS				RNE	
000E0457		CHEST SHELL (CUIRASS)				$84.50	
000E0457	RA	CHEST SHELL (CUIRASS)				$84.50	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0459		CHEST WRAP				$55.83	
000E0459	RA	CHEST WRAP				$55.83	
000E0460	KR	NEGATIVE PRESSURE VENTILATOR,PORTABLE OR STATIONARY				$16.10	
000E0460	RR	NEGATIVE PRESSURE VENTILATOR,PORTABLE OR STATIONARY				$482.88	
000E0461	KR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)				$37.61	
000E0461	RR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)				$1,128.43	
000E0463	KR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TU				$152.24	
000E0463	RR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TU				$1,522.41	
000E0464	KR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)				$152.24	
000E0464	RR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE,				$1,522.41	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		USED WITH NON-INVASIVE INTERFACE (E.G. MASK)					
000E0470	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL				$8.82	
000E0470	LL	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G. NASAL OR FACIAL		SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.		RNE	
000E0470	NU	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL			X	$2,648.49	
000E0470	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL				$264.84	
000E0471	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL				$22.09	
000E0471	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL				$662.81	
000E0472	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (				$22.09	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0472	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (				$662.81	
000E0480	KR	PERCUSSOR,ELEC OR PNEUMATIC, HM MODEL				$1.38	
000E0480	LL	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL		SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.		RNE	
000E0480	NU	PERCUSSOR,ELEC OR PNEUMATIC,HM MODEL			X	$416.26	
000E0480	RB	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL				$416.26	
000E0480	RR	PERCUSSOR,ELEC OR PNEUMATIC,HM MODEL				$41.62	
000E0482	KR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE				$14.79	
000E0482	NU	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE			X	$4,438.44	
000E0482	RR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE				$443.84	
000E0484	KR	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH				$0.12	
000E0484	NU	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH				$38.10	
000E0484	RR	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH				$3.80	
000E0485	KR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT					
000E0485	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	RNE	
000E0485	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT				RNE	
000E0486	KR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT				RNE	
000E0486	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	RNE	
000E0486	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT				RNE	
000E0487	KR	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES				RNE	
000E0487	NU	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES			X	RNE	
000E0487	RR	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0500	KR	IPPB MACHINE				$3.77	
000E0500	LL	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTO VALVE		SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.		RNE	
000E0500	NU	IPPB MACHINE			X	$1,132.98	
000E0500	RR	IPPB MACHINE				$113.29	
000E0550	RA	HUMIDIFIER, DURABLE FOR EXT SUPP HUMID IPPB TRTMENTS OR OXY DELIVERY			X	$905.40	
000E0550	RB	HUMIDIFIER, DURABLE FOR EXT SUPP HUMID IPPB TRTMENTS OR OXY DELIVERY			X	$905.40	
000E0555	RB	HUMIDIFIER, DURABLE, GLASS OR ATUO PLASTIC, BOTTLE TYPE W/REG OR FLOWMET				$2.33	
000E0560	RA	HUMID, DURABLE FOR SUPP HUMID DURING IPPB OR OXYGEN DELIVERY			X	$166.44	
000E0561	KR	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$0.36	
000E0561	NU	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE			X	$110.43	
000E0561	RA	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE			X	$110.43	
000E0561	RB	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$110.43	
000E0561	RR	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$11.03	
000E0562	KR	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$1.03	
000E0562	NU	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE			X	$310.90	
000E0562	RR	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE				$31.07	
000E0565	KR	COMP,AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE				$2.09	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0565	MS	COMP,AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE				$75.45	
000E0565	RR	CONP,AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE				$62.97	
000E0570	KR	NEBULIZER W COMPRESSOR				$0.55	
000E0570	LL	NEBULIZER WITH COMPRESSOR		SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	
000E0570	NU	NEBULIZER W COMPRESSOR			X	$166.27	
000E0570	RR	NEBULIZER W COMPRESSOR				$16.62	
000E0570	UE	NEBULIZER, WITH COMPRESSOR			X	$160.55	
000E0572	KR	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE				$1.31	
000E0572	NU	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE			X	$393.14	
000E0572	RR	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE				$39.31	
000E0574	KR	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER				$1.38	
000E0574	NU	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER			X	$415.54	
000E0574	RR	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER				$41.55	
000E0575	KR	NEBULIZER, ULTRASONIC, LARGE VOLUME	X	PA Required Except for in a NF/ICF		$3.00	
000E0575	NU	NEBULIZER, ULTRASONIC, LARGE VOLUME	X	PA Required Except for in a NF/ICF	X	$901.68	
000E0575	RR	NEBULIZER, ULTRASONIC, LARGE	X	PA Required Except for in a NF/ICF		$90.16	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		VOLUME					
000E0580	RA	NEBULIZER, DURABLE, GLASS OR AUTO PLASTIC, BOTTLE TYPE WITH REG OR FLOW				$4.52	
000E0580	RB	NEBULIZER, DURABLE, GLASS OR AUTO PLASTIC, BOTTLE TYPE WITH REG OR FLOW				$122.65	
000E0585	KR	NEBULIZER,W COMPRESSOR AND HEATER				$1.02	
000E0585	NU	NEBULIZER,W COMPRESSOR AND HEATER			X	$307.68	
000E0585	RR	NEBULIZER,WITH COMPRESSOR AND HEATER				$30.76	
000E0600	KR	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC				$1.41	
000E0600	LL	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC		SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	
000E0600	NU	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC			X	$425.96	
000E0600	RR	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC				$42.59	
000E0600	UE	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC			X	$327.66	
000E0601	KR	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE				$3.84	
000E0601	LL	CONTINUOUS AIRWAY PRESSURE CPAP DEVICE		SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	
000E0601	NU	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE			X	$1,153.01	
000E0601	RR	CONTINUOUS AIRWAY PRESSURE				$115.30	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		(CPAP) DEVICE					
000E0604	KR	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE		SEE PROVIDER BULLETIN 10-55		$2.36	
000E0604	RR	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE		SEE PROVIDER BULLETIN 10-55		$70.92	
000E0605	KR	VAPORIZER,ROOM TYPE				$0.10	
000E0605	NU	VAPORIZER,ROOM TYPE				$27.27	
000E0605	RR	VAPORIZER,ROOM TYPE				$3.16	
000E0606	KR	POSTURAL DRAINAGE BOARD				$0.78	
000E0606	NU	POSTURAL DRAINAGE BOARD			X	$236.77	
000E0606	RR	POSTURAL DRAINAGE BOARD				$23.67	
000E0607	KR	HM BLOOD GLUCOSE MONITOR				$0.22	
000E0607	NU	HM BLOOD GLUCOSE MONITOR			X	$68.96	
000E0607	RR	HM BLOOD GLUCOSE MONITOR				$6.89	
000E0610	KR	PACEMAKER MONITOR,SELF CONTAINED				$0.86	
000E0610	NU	PACEMAKER MONITOR, SELF CONTAINED			X	$245.50	
000E0610	RR	PACEMAKER MONITOR,SELF CONTAINED				$25.89	
000E0615	KR	PACEMAKER MONITOR,SELF CONTAINED				$1.71	
000E0615	NU	PACEMAKER MONITOR,SELF CONTAINED			X	$489.28	
000E0615	RR	PACEMAKER MONITOR,SELF CONTAINED				$51.32	
000E0617	KR	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS				$10.46	
000E0617	NU	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS			X	$3,138.24	
000E0617	RR	EXTERNAL DEFIBRILLATOR WITH				$313.82	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INTEGRATED ELECTROCARDIOGRAM ANALYSIS					
000E0618	KR	APNEA MONITOR, WITHOUT RECORDING FEATURE (MAX AGE 2)		COORDINATION PLAN REQUIRED		$8.87	
000E0618	RR	APNEA MONITOR, WITHOUT RECORDING FEATURE		COORDINATION PLAN REQUIRED		$266.30	
000E0621	NU	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON			X	$99.07	
000E0621	RB	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON			X	$99.07	
000E0625	KR	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF		$4.02	
000E0625	NU	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF	X	RNE	
000E0625	RR	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF		$120.72	
000E0627	KR	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	X	PA Required Except for in a NF/ICF		$3.42	
000E0627	NU	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHR MECHANISM	X	PA Required Except for in a NF/ICF	X	$1,029.13	
000E0627	RR	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHR MECHANISM	X	PA Required Except for in a NF/ICF		$102.91	
000E0627	UE	SEAT LIFT MECHANISM INCORP COMB LIFT CHAIR MECHANISM	X	PA Required Except for in a NF/ICF	X	$771.85	
000E0627	52	SEAT LIFT CHAIR - FURNITURE PIECE, WHEN MEDICARE HAS PAID MECHANISM		CROSSOVER FROM MEDICARE PAYMENT	X	$600.65	
000E0628	KR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-ELEC	X	PA Required Except for in a NF/ICF		$1.13	
000E0628	NU	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-ELEC	X	PA Required Except for in a NF/ICF	X	$340.83	
000E0628	RR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-ELEC	X	PA Required Except for in a NF/ICF		$34.09	
000E0629	KR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-NON ELEC	X	PA Required Except for in a NF/ICF		$1.13	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0629	NU	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-NON ELEC	X	PA Required Except for in a NF/ICF	X	$340.83	
000E0629	RR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-NON ELEC	X	PA Required Except for in a NF/ICF		$34.09	
000E0630	KR	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)				$3.50	
000E0630	NU	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)			X	$1,051.65	
000E0630	RR	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)				$105.16	
000E0635	KR	PATIENT LIFT,ELEC,W SEAT OR SLING				$3.86	
000E0635	NU	PATIENT LIFT,ELEC,W SEAT OR SLING			X	$1,158.89	
000E0635	RR	PATIENT LIFT,ELEC,W SEAT OR SLING				$115.88	
000E0636	KR	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS				$36.28	
000E0636	NU	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS			X	$10,884.61	
000E0636	RR	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS				$1,088.46	
000E0637	KR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR W/O WHEELS				RNE	
000E0637	NU	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR W/O WHEELS			X	RNE	
000E0637	RR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFTFEATURE, WITH OR W/O				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WHEELS					
000E0638	KR	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR W/O WHEELS				RNE	
000E0638	NU	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR W/O WHEELS			X	RNE	
000E0638	RR	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR W/O WHEELS				RNE	
000E0639	KR	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES				RNE	
000E0639	NU	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES			X	RNE	
000E0639	RR	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES				RNE	
000E0640	52	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES (ACCOMPANYING BRACKETS, SWITCH, ACCESSORIES, & TWO SLINGS/BODY SUPPORTS)	X	ANOTHER ENTITY IS PROVIDING THE HOME MODIFICATIONS		RNE	
000E0641	KR	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER),				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		ANY SIZE, INCLUDING PEDIATRIC, WITH OR W/O WHEELS					
000E0641	NU	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE, INCLUDING PEDIATRIC, WITH OR W/O WHEELS			X	RNE	
000E0641	RR	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE, INCLUDING PEDIATRIC, WITH OR W/O WHEELS				RNE	
000E0642	KR	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC				RNE	
000E0642	NU	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC			X	RNE	
000E0642	RR	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC				RNE	
000E0650	KR	PNEUMATIC COMPRESSOR,NON SEGMENTAL HM MODEL				$2.77	
000E0650	NU	PNEUMATIC COMPRESSOR,NON SEGMENTAL HM MODEL			X	$743.37	
000E0650	RR	PNEUMATIC COMPRESSOR,NON SEGMENTAL HM MODEL				$83.22	
000E0650	22	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL			X	RNE	
000E0651	KR	PNEUMATIC COMP,SEGMENTAL HM MODEL WITHOUT CALIBRATED GRADIENT PRESSURE				$2.74	
000E0651	NU	PNEUMATIC COMP,SEGMENTAL HM MODEL WITHOUT CAL GRADIENT PRESSURE			X	$805.75	
000E0651	RR	PNEUMATIC COMP,SEGMENTAL HM MODEL WITHOUT CALIBRATED GRADIENT PRESSURE				$82.31	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0652	KR	PNEUMATIC COMP,SEGMENTAL HM MODEL W CALIBRATED GRADIENT PRESSURE				$18.02	
000E0652	NU	PNEUMATIC COMP,SEGMENTAL HM MODEL W CALIBRATED GRADIENT PRESSURE			X	$5,471.87	
000E0652	RR	PNEUMATIC COMP,SEGMENTAL HOM MODEL W CALIBRATED GRADIENT PRESSURE				$540.79	
000E0655	KR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF ARM				$0.43	
000E0655	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMPRESSOR, HALF ARM			X	$111.38	
000E0655	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF ARM				$13.08	
000E0656	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK				$1.98	
000E0656	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK				$634.40	
000E0656	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK				$63.43	
000E0657	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST				RNE	
000E0657	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST				$596.00	
000E0657	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST				$59.60	
000E0660	KR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG				$0.57	
000E0660	NU	NON-SEGMENTAL PNEUMATIC,				$164.88	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR					
000E0660	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG				$17.16	
000E0665	KR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM				$0.48	
000E0665	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM				$141.39	
000E0665	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM				$14.52	
000E0666	KR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG				$0.46	
000E0666	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMMP,HALF LEG				$138.70	
000E0666	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG				$13.86	
000E0667	KR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG				$1.06	
000E0667	NU	SEGMENTAL PNEUMATIC APPL FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG				$284.04	
000E0667	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG				$32.07	
000E0668	KR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM				$1.27	
000E0668	NU	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM				$387.67	
000E0668	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM				$38.26	
000E0669	KR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG				$0.63	
000E0669	NU	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG				$189.20	
000E0669	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG				$18.92	
000E0670	KR	SEGMENTAL PNEUMATIC APPLIANCE				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK					
000E0670	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK				RNE	
000E0670	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK				RNE	
000E0671	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL LEG				$1.42	
000E0671	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL LEG				$428.70	
000E0671	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,FULL LEG				$42.87	
000E0672	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL ARM				$1.11	
000E0672	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL ARM				$333.10	
000E0672	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,FULL ARM				$33.31	
000E0673	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,HALF LEG				$0.92	
000E0673	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,HALF LEG				$276.79	
000E0673	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,HALF LEG				$27.68	
000E0675	KR	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)				$13.23	
000E0675	NU	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID			X	$3,969.12	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)					
000E0675	RR	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)				$396.91	
000E0691	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	X	PA Required Except for in a NF/ICF		$3.09	
000E0691	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	X	PA Required Except for in a NF/ICF	X	$927.47	
000E0691	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	X	PA Required Except for in a NF/ICF		$92.74	
000E0692	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	X	PA Required Except for in a NF/ICF		$3.88	
000E0692	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	X	PA Required Except for in a NF/ICF	X	$1,164.64	
000E0692	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	X	PA Required Except for in a NF/ICF		$116.45	
000E0693	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS,	X	PA Required Except for in a NF/ICF		$4.78	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		TIMER AND EYE PROTECTION, 6 FOOT PANEL					
000E0693	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	X	PA Required Except for in a NF/ICF	X	$1,435.69	
000E0693	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	X	PA Required Except for in a NF/ICF		$143.57	
000E0694	KR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	X	PA Required Except for in a NF/ICF		$15.23	
000E0694	NU	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	X	PA Required Except for in a NF/ICF	X	$4,569.66	
000E0694	RR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	X	PA Required Except for in a NF/ICF		$456.96	
000E0705	KR	TRANSFER DEVICE, ANY TYPE, EACH		PIVOT DISC NOT COVERED		$0.16	
000E0705	NU	TRANSFER DEVICE, ANY TYPE, EACH		PIVOT DISC NOT COVERED		$48.35	
000E0705	RR	TRANSFER DEVICE, ANY TYPE, EACH		PIVOT DISC NOT COVERED		$4.92	
000E0720	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PA Required Except for in a NF/ICF		$1.26	
000E0720	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PA Required Except for in a NF/ICF, SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	
000E0720	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PA Required Except for in a NF/ICF	X	$379.39	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0720	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PA Required Except for in a NF/ICF		$37.93	
000E0720	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PA Required Except for in a NF/ICF	X	$316.89	
000E0730	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PA Required Except for in a NF/ICF		$1.24	
000E0730	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PA Required Except for in a NF/ICF, SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	
000E0730	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PA Required Except for in a NF/ICF	X	$374.45	
000E0730	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PA Required Except for in a NF/ICF		$37.44	
000E0730	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PA Required Except for in a NF/ICF	X	$362.16	
000E0731	RA	FORM FITTING CONDUCTIVE GARMENT FOR DELI ERY OF TENS OR NMES			X	$366.68	
000E0740	KR	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR				$1.79	
000E0740	NU	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR SEND CLAIM TO MEDICAL SERVICES			X	$539.67	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0740	RR	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR SEND CLAIM TO MEDICAL SERVICES				$53.97	
000E0745	KR	NEUROMUSCULAR STIMULATOR,ELEC SHOCK UNIT				$3.07	
000E0745	LL	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT - CONVERT TO PURCHASE		SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	
000E0745	NU	NEUROMUSCULAR STIMULATOR,ELEC SHOCK UNIT			X	$923.87	
000E0745	RR	NEUROMUSCULAR STIMULATOR,ELEC SHOCK UNIT				$92.38	
000E0745	UE	NEUROMUSCULAR STIMULATOR, ELECT SHOCK UNIT			X	$755.25	
000E0746	KR	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE				RNE	
000E0746	NU	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE			X	RNE	
000E0746	RR	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE				RNE	
000E0747	KR	OSTEOGENESIS STIMULATOR,ELEC,NON INVASIVE,OTHER THAN SPINAL APPL				$13.34	
000E0747	NU	OSTEOGENESIS STIM, ELEC,NON-INVASIVE,OTHER THAN SPINAL APPL			X	$4,004.18	
000E0747	RR	OSTEOGENESIS STIMULATOR,ELEC,NON INVASIVE,OTHER THAN SPINAL APPL				$400.40	
000E0748	KR	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONSUSE NU MODIFIER				$13.38	
000E0748	NU	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS			X	$4,015.77	
000E0748	RR	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONSUSE NU MODIFIER				$401.57	
000E0755		ELECTRONIC SALIVARY REFLEX.			X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0760	KR	OSTEOGENESIS STIMULATOR, LOW INSTENSITY ULTRASOUND, NON-INVASIVE				$11.12	
000E0760	RR	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NONINVASIVE				$333.71	
000E0765	KR	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OFNAUSEA AND VOMITING				$0.29	
000E0765	NU	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OFNAUSEA AND VOMITING			X	$86.83	
000E0765	RR	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OFNAUSEA AND VOMITING				$8.70	
000E0770		FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIE	X	PA Required Except for in a NF/ICF		RNE	
000E0776	KR	IV POLE				$0.54	
000E0776	NU	IV POLE			X	$125.60	
000E0776	RR	IV POLE				$16.35	
000E0779	KR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER				$0.57	
000E0779	NU	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER			X	$172.67	
000E0779	RR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER				$17.26	
000E0780	KR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS				$0.03	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0780	NU	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS				$10.70	
000E0780	RR	AMBULATORY INFUSION PUMP. MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS				$1.07	
000E0781	KR	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT				$9.11	
000E0781	NU	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT			X	$2,733.84	
000E0781	RR	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT				$273.38	
000E0784	NU	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	X	PA Required Except for in a NF/ICF	X	$4,368.87	
000E0791	KR	PARENTERAL INFUSION PUMP,STATIONARY,SGL OR MULTI CHANNEL				$10.87	
000E0791	NU	PARENTERAL INFUSION PUMP,STATIONARY,SGL OR MULTI CHANNEL			X	$3,263.65	
000E0791	RR	PARENTERAL INFUSION PUMP,STATIONARY,SGL OR MULTI CHANNEL				$326.36	
000E0830	KR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH				RNE	
000E0830	NU	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH			X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0830	RR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH				RNE	
000E0840	KR	TRACTION FRAME,ATTACHED TO HEADBOARD,CERVICAL TRACTION				$0.47	
000E0840	NU	TRACTION FRAME,ATTACHED TO HEADBOARD,CERVICAL TRACTION			X	$75.63	
000E0840	RR	TRACTION FRAME,ATTACHED TO HEADBOARD,CERVICAL TRACTION				$14.31	
000E0849	KR	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE				$1.77	
000E0849	NU	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE			X	$531.87	
000E0849	RR	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE				$53.18	
000E0850	KR	TRACTION FRAME,FREE STANDING,CERVICAL TRACTION				$0.49	
000E0850	NU	TRACTION FRAME,FREE STANDING,CERVICAL TRACTION			X	$92.17	
000E0850	RR	TRACTION FRAME,FREE STANDING,CERVICAL TRACTION				$14.89	
000E0855	KR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME				$1.70	
000E0855	NU	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME			X	$510.10	
000E0855	RR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME				$51.02	
000E0855	UE	CERVICAL TRACTION EQUIPMENT NOT			X	$432.67	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		REQUIRING ADDITIONAL STAND OR FRAME					
000E0860	KR	TRACTION EQUIPT,OVERDOOR,CERVICAL				$0.19	
000E0860	NU	TRACTION EQUIPT,OVERDOOR,CERVICAL				$34.69	
000E0860	RR	TRACTION EQUIPT,OVERDOOR,CERVICAL				$5.70	
000E0870	KR	TRACTION FRAME,ATTACHED TO FOOTBOARD,EXTREMITY TRACTION (E.G. BUCK'S)				$0.44	
000E0870	NU	TRACTION FRAME,ATTACHED TO FOOTBOARD,EXTREMITY TRACTION (E.G. BUCK'S)			X	$120.04	
000E0870	RR	TRACTION FRAME,ATTACHED TO FOOTBOARD,EXTREMITY TRACTION (E.G. BUCK'S)				$13.34	
000E0880	KR	TRACTION STAND,FREE STANDING,EXTREMITY TRACTION (E.G. BUCK'S)				$0.57	
000E0880	NU	TRACTION STAND,FREE STANDING,EXTREMITY TRACTION (E.G. BUCK'S)			X	$129.57	
000E0880	RR	TRACTION STAND,FREE STANDING,EXTREMITY TRACTION (E.G. BUCK'S)				$17.28	
000E0890	KR	TRACTION FRAME,ATTACHED TO FOOTBOARD,PELVIC TRACTION				$0.96	
000E0890	NU	TRACTION FRAME,ATTACHED TO FOOTBOARD,PELVIC TRACTION			X	$124.28	
000E0890	RR	TRACTION FRAME,ATTACHED TO FOOTBOARD,PELVIC TRACTION				$28.80	
000E0900	KR	TRACTION STAND,FREE STANDING,PELVIC TRACTION (E.G. BUCK'S)				$0.80	
000E0900	NU	TRACTION STAND,FREE			X	$112.40	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		STANDING,PELVIC TRACTION (E.G. BUCK'S)					
000E0900	RR	TRACTION STAND,FREE STANDING,PELVIC TRACTION (E.G. BUCK'S)				$24.23	
000E0910	KR	TRAPEZE BAR,A.K.A. PAT HELPER,ATTACHED TO BED,COMPLETE W GRAB BAR				$0.68	
000E0910	NU	TRAPEZE BAR,A.K.A. PAT HELPER,ATTACHED TO BED,COMPLETE W GRAB BAR			X	$206.42	
000E0910	RA	TRAPEZE BAR, AKA PATIENT HELPER ATTACHED TO BED COMPLETE WITH GRAB BAR			X	$206.42	
000E0910	RR	TRAPEZE BAR,A.K.A. PAT HELPER,ATTACHED TO BED, COMPLETE W GRAB BAR				$20.64	
000E0911	KR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,ATTACHED TO BED, WITH GRAB BAR				$1.71	
000E0911	NU	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,ATTACHED TO BED, WITH GRAB BAR			X	$514.52	
000E0911	RR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,ATTACHED TO BED, WITH GRAB BAR				$51.45	
000E0912	KR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,FREE STANDING, COMPLETE WITH GRAB BAR				$3.93	
000E0912	NU	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,FREE STANDING, COMPLETE WITH GRAB BAR			X	$1,181.49	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0912	RR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,FREE STANDING, COMPLETE WITH GRAB BAR				$118.15	
000E0920	KR	FRACTURE FRAME,ATTACHED TO BED,INCLUDES WEIGHTS				$1.58	
000E0920	NU	FRACTURE FRAME,ATTACHED TO BED,INCLUDES WEIGHTS			X	$476.23	
000E0920	RA	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS			X	$476.23	
000E0920	RR	FRACTURE FRAME,ATTACHED TO BED,INCLUDES WEIGHTS				$47.62	
000E0930	KR	FRACTURE FRAME,FREE STANDING,INCLUDES WEIGHTS				$1.34	
000E0930	NU	FRACTURE FRAME,FREE STANDING,INCLUDES WEIGHTS			X	$402.33	
000E0930	RR	FRACTURE FRAME,FREE STANDING,INCLUDES WEIGHTS				$40.23	
000E0935	KR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY				$21.68	
000E0940	KR	TRAPEZE BAR,FREE STANDING,COMPLETE W GRAB BAR				$1.19	
000E0940	NU	TRAPEZE BAR,FREE STANDING,COMPLETE W GRAB BAR			X	$358.87	
000E0940	RA	TRAPEZE BAR, FREE STANDING, COMLETE WITH GRAB BAR			X	$358.87	
000E0940	RR	TRAPEZE BAR,FREE STANDING,COMPLETE W GRAB BAR				$35.88	
000E0941	KR	GRAVITY ASSISTED TRACTION				$1.35	
000E0941	NU	GRAVITY ASSISTED TRACTION			X	$405.84	
000E0941	RR	GRAVITY ASSISTED TRACTION				$40.58	
000E0942	RA	CERVICAL HEAD HARNESS/HALTER				$26.40	
000E0944	RA	PELVIC BELT/HARNESS/BOOT.			X	$60.36	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0945	RA	EXTREMITY BELT/HARNESS				$45.27	
000E0947	KR	FRACTURE FRAME,ATTACHMNTS FOR COMPLEX PELVIC TRACTION				$2.16	
000E0947	NU	FRACTURE FRAME,ATTACHMNTS FOR COMPLEX PELVIC TRACTION			X	$625.95	
000E0947	RR	FRACTURE FRAME,ATTACHMNTS FOR COMPLEX PELVIC TRACTION				$64.91	
000E0948	KR	FRACTURE FRAME,ATTACHMNTS FOR COMPLEX CERVICAL TRACTION				$2.01	
000E0948	NU	FRACTURE FRAME,ATTACHMNTS FOR COMPLEX CERVICAL TRACTION			X	$605.44	
000E0948	RR	FRACTURE FRAME,ATTACHMNTS FOR COMPLEX CERVICAL TRACTION				$60.52	
000E0950	KA	WHEELCHAIR ACCESSORY, TRAY, EACH	X	PA Required Except for in a NF/ICF		$91.20	
000E0950	KR	WHEELCHAIR ACCESSORY, TRAY, EACH	X	PA Required Except for in a NF/ICF		$0.30	X
000E0950	MS	WHEELCHAIR ACCESSORY, TRAY, EACH	X	PA Required Except for in a NF/ICF		$9.13	X
000E0950	NU	WHEELCHAIR ACCESSORY, TRAY, EACH	X	PA Required Except for in a NF/ICF		$91.20	X
000E0950	RB	WHEELCHAIR ACCESSORY, TRAY, EACH				$91.20	X
000E0950	RR	WHEELCHAIR ACCESSORY, TRAY, EACH	X	PA Required Except for in a NF/ICF		$9.13	X
000E0951	KA	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	X	PA Required Except for in a NF/ICF		$19.24	X
000E0951	KR	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	X	PA Required Except for in a NF/ICF		$0.06	X
000E0951	MS	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	X	PA Required Except for in a NF/ICF		$1.94	X
000E0951	NU	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	X	PA Required Except for in a NF/ICF		$19.24	X
000E0951	RB	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH				$19.24	X
000E0951	RR	HEEL LOOP/HOLDER, ANY TYPE, WITH	X	PA Required Except for in a NF/ICF		$1.94	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		OR WITHOUT ANKLE STRAP, EACH					
000E0952	KA	TOE LOOP/HOLDER, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$18.58	X
000E0952	KR	TOE LOOP/HOLDER, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$0.06	X
000E0952	MS	TOE LOOP/HOLDER, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$1.86	X
000E0952	NU	TOE LOOP/HOLDER, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$18.58	X
000E0952	RB	TOE LOOP/HOLDER, ANY TYPE, EACH				$18.58	X
000E0952	RR	TOE LOOP/HOLDER, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$1.86	X
000E0955	KA	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTINGHARDWARE, EACH	X	PA Required Except for in a NF/ICF		$208.67	X
000E0955	KR	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTINGHARDWARE, EACH	X	PA Required Except for in a NF/ICF		$0.69	X
000E0955	MS	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$20.88	X
000E0955	NU	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTINGHARDWARE, EACH	X	PA Required Except for in a NF/ICF		$208.67	X
000E0955	RA	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTINGHARDWARE, EACH				$208.67	X
000E0955	RB	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTINGHARDWARE, EACH				$208.67	X
000E0955	RR	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTINGHARDWARE, EACH	X	PA Required Except for in a NF/ICF		$20.88	X
000E0956	KA	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXEDMOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$101.74	X
000E0956	KR	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE,	X	PA Required Except for in a NF/ICF		$0.33	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INCLUDING FIXEDMOUNTING HARDWARE, EACH					
000E0956	MS	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$10.18	X
000E0956	NU	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXEDMOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$101.74	X
000E0956	RB	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXEDMOUNTING HARDWARE, EACH				$101.74	X
000E0956	RR	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXEDMOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$10.18	X
000E0957	KA	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$142.36	X
000E0957	KR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$0.47	X
000E0957	MS	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$14.23	X
000E0957	NU	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$142.36	X
000E0957	RB	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				$142.36	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		HARDWARE, EACH					
000E0957	RR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		$14.23	X
000E0958	KA	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	X	PA Required Except for in a NF/ICF		$450.32	X
000E0958	KR	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	X	PA Required Except for in a NF/ICF		$1.50	X
000E0958	MS	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH ACCESSORY, ONE-ARM DRIVE ATTACHMENT,	X	PA Required Except for in a NF/ICF		$45.03	X
000E0958	NU	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	X	PA Required Except for in a NF/ICF		$450.32	X
000E0958	RB	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTCHMENT, EACH				$450.32	X
000E0958	RR	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	X	PA Required Except for in a NF/ICF		$45.03	X
000E0959	KA	MANUAL WHEELCHAIR ACCESSORY, ADAPTOR FOR AMPUTEE, EACH	X	PA Required Except for in a NF/ICF		$45.63	X
000E0959	KR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	X	PA Required Except for in a NF/ICF		$0.15	X
000E0959	MS	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	X	PA Required Except for in a NF/ICF		$4.59	X
000E0959	NU	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	X	PA Required Except for in a NF/ICF		$45.63	X
000E0959	RB	MANUAL WHEELCHAIR ACCESSORY, ADAPTOR FOR AMPUTEE, EACH				$45.63	X
000E0959	RR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	X	PA Required Except for in a NF/ICF		$4.59	X
000E0960	KA	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCL ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$93.90	X
000E0960	KR	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP,	X	PA Required Except for in a NF/ICF		$0.31	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INCLUDING ANYTYPE MOUNTING HARDWARE					
000E0960	MS	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$102.46	X
000E0960	NU	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANYTYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$93.90	X
000E0960	RB	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCL ANY TYPE MOUNTING HARDWARE				$93.90	X
000E0960	RR	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANYTYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$9.39	X
000E0961	KA	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXT (HANDLE), EACH	X	PA Required Except for in a NF/ICF		$30.69	X
000E0961	KR	MANUAL WHEELCHAIR ACCESSORY WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	X	PA Required Except for in a NF/ICF		$0.10	X
000E0961	MS	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	X	PA Required Except for in a NF/ICF		$3.19	X
000E0961	NU	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	X	PA Required Except for in a NF/ICF		$30.69	X
000E0961	RB	MANUAL WHEELCHAIR ACCESSOYR, WHEEL LOCK BRAKE EXT (HANDLE), EACH				$30.69	X
000E0961	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	X	PA Required Except for in a NF/ICF		$3.19	X
000E0966	KA	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXT, EACH	X	PA Required Except for in a NF/ICF		$73.66	X

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000E0966	KR	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	X	PA Required Except for in a NF/ICF		$0.24	X
000E0966	MS	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	X	PA Required Except for in a NF/ICF		$7.26	X
000E0966	NU	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	X	PA Required Except for in a NF/ICF		$73.66	X
000E0966	RB	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXT, EACH				$73.66	X
000E0966	RR	MANUAL WHEELCHAIR ACCESORY, HEADREST AEXTENSION, EACH	X	PA Required Except for in a NF/ICF		$7.26	X
000E0967	KA	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$66.66	X
000E0967	KR	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$0.22	X
000E0967	MS	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJUCTIONS, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$6.66	X
000E0967	NU	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$66.66	X
000E0967	RB	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH				$66.66	X
000E0967	RR	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	X	PA Required Except for in a NF/ICF		$6.66	X
000E0968	KA	COMMODE SEAT, WHEELCHAIR	X	PA Required Except for in a NF/ICF		$185.06	X
000E0968	KR	COMMODE SEAT, WHEELCHAIR	X	PA Required Except for in a NF/ICF		$0.61	X
000E0968	NU	COMMODE SEAT, WHEELCHAIR	X	PA Required Except for in a NF/ICF		$185.06	X
000E0968	RB	COMMODE SEAT, WHEELCHAIR				$185.06	X
000E0968	RR	COMMODE SEAT, WHEELCHAIR	X	PA Required Except for in a NF/ICF		$18.50	X
000E0969	KR	NARROWING DEVICE, WHEELCHAIR	X	PA Required Except for in a NF/ICF		$1.60	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0969	NU	NARROWING DEVICE, WHEELCHAIR	X	PA Required Except for in a NF/ICF		$161.66	X
000E0969	RB	NARROWING DEVICE, WHEELCHAIR				$161.66	X
000E0969	RR	NARROWING DEVICE, WHEELCHAIR	X	PA Required Except for in a NF/ICF		$16.00	X
000E0971	KA	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	X	PA Required Except for in a NF/ICF		$44.78	X
000E0971	KR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	X	PA Required Except for in a NF/ICF		$0.14	X
000E0971	MS	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	X	PA Required Except for in a NF/ICF		$4.47	X
000E0971	NU	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	X	PA Required Except for in a NF/ICF		$44.78	X
000E0971	RB	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH				$44.78	X
000E0971	RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	X	PA Required Except for in a NF/ICF		$4.47	X
000E0973	KA	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	X	PA Required Except for in a NF/ICF		$118.66	X
000E0973	KR	WHEELCHAIR ACCESSROY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASEMBLY, EACH	X	PA Required Except for in a NF/ICF		$0.37	X
000E0973	MS	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	X	PA Required Except for in a NF/ICF		$11.30	X
000E0973	NU	WHEELCHAIR ACCESSORYK ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	X	PA Required Except for in a NF/ICF		$118.66	X
000E0973	RB	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH				$118.66	X
000E0973	RR	WHEELCHAIR ACCESSORY,	X	PA Required Except for in a NF/ICF		$11.30	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH					
000E0974	KA	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	X	PA Required Except for in a NF/ICF		$80.93	X
000E0974	KR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	X	PA Required Except for in a NF/ICF		$0.28	X
000E0974	MS	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	X	PA Required Except for in a NF/ICF		$8.57	X
000E0974	NU	MNUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	X	PA Required Except for in a NF/ICF		$80.93	X
000E0974	RB	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH				$80.93	X
000E0974	RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	X	PA Required Except for in a NF/ICF		$8.57	X
000E0978	KA	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	X	PA Required Except for in a NF/ICF		$44.07	X
000E0978	KR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	X	PA Required Except for in a NF/ICF		$0.14	X
000E0978	MS	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	X	PA Required Except for in a NF/ICF		$4.41	X
000E0978	NU	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	X	PA Required Except for in a NF/ICF		$44.07	X
000E0978	RB	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	X	PA Required Except for in a NF/ICF		$44.07	X
000E0978	RR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	X	PA Required Except for in a NF/ICF		$4.41	X
000E0981	RB	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH				$53.10	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0982	RB	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH				$58.03	X
000E0983	KA	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO COVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	X	PA Required Except for in a NF/ICF		$2,579.64	X
000E0983	KR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	X	PA Required Except for in a NF/ICF		$8.59	X
000E0983	NU	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	X	PA Required Except for in a NF/ICF		$2,579.64	X
000E0983	RR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	X	PA Required Except for in a NF/ICF		$257.96	X
000E0984	KA	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PA Required Except for in a NF/ICF		$1,972.00	X
000E0984	KR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PA Required Except for in a NF/ICF		$6.10	X
000E0984	NU	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PA Required Except for in a NF/ICF		$1,972.00	X
000E0984	RB	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PA Required Except for in a NF/ICF		$1,972.00	X
000E0984	RR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL	X	PA Required Except for in a NF/ICF		$183.29	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL					
000E0985	KA	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	X	PA Required Except for in a NF/ICF		$209.37	X
000E0985	KR	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	X	PA Required Except for in a NF/ICF		$0.69	X
000E0985	NU	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	X	PA Required Except for in a NF/ICF		$209.37	X
000E0985	RB	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM				$209.37	X
000E0985	RR	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	X	PA Required Except for in a NF/ICF		$20.95	X
000E0986	KA	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	X	PA Required Except for in a NF/ICF		$5,020.61	X
000E0986	KR	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	X	PA Required Except for in a NF/ICF		$16.73	X
000E0986	NU	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	X	PA Required Except for in a NF/ICF		$5,020.61	X
000E0986	RB	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	X	PA Required Except for in a NF/ICF		$5,020.61	X
000E0986	RR	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	X	PA Required Except for in a NF/ICF		$502.06	X
000E0990	KA	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY, EACH	X	PA Required Except for in a NF/ICF		$121.20	X
000E0990	KR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	X	PA Required Except for in a NF/ICF		$0.45	X
000E0990	MS	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	X	PA Required Except for in a NF/ICF		$13.64	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0990	NU	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	X	PA Required Except for in a NF/ICF		$121.20	X
000E0990	RB	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY, EACH				$121.20	X
000E0990	RR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	X	PA Required Except for in a NF/ICF		$13.64	X
000E0992	KA	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PA Required Except for in a NF/ICF		$98.20	X
000E0992	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PA Required Except for in a NF/ICF		$0.31	X
000E0992	MS	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PA Required Except for in a NF/ICF		$9.54	X
000E0992	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PA Required Except for in a NF/ICF		$98.20	X
000E0992	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT				$98.20	X
000E0992	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PA Required Except for in a NF/ICF		$9.54	X
000E0994	KA	ARMREST, EACH	X	PA Required Except for in a NF/ICF		$18.12	X
000E0994	KR	ARMREST, EACH	X	PA Required Except for in a NF/ICF		$0.06	X
000E0994	NU	ARMREST, EACH	X	PA Required Except for in a NF/ICF		$18.12	X
000E0994	RB	ARMREST, EACH				$18.12	X
000E0994	RR	ARMREST, EACH	X	PA Required Except for in a NF/ICF		$1.80	X
000E0995	KA	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	X	PA Required Except for in a NF/ICF		$31.37	X
000E0995	KR	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	X	PA Required Except for in a NF/ICF		$0.10	X
000E0995	MS	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	X	PA Required Except for in a NF/ICF		$3.14	X
000E0995	NU	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	X	PA Required Except for in a NF/ICF		$31.37	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E0995	RB	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH				$31.37	X
000E0995	RR	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	X	PA Required Except for in a NF/ICF		$3.14	X
000E1002	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	X	PA Required Except for in a NF/ICF		$4,183.51	X
000E1002	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	X	PA Required Except for in a NF/ICF		$13.94	X
000E1002	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	X	PA Required Except for in a NF/ICF		$4,183.51	X
000E1002	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY				$4,183.51	X
000E1002	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	X	PA Required Except for in a NF/ICF		$418.35	X
000E1003	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$4,532.47	X
000E1003	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$15.10	X
000E1003	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$4,532.47	X
000E1003	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION				$4,532.47	X
000E1003	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$453.25	X
000E1004	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$5,025.57	X
000E1004	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$16.75	X
000E1004	NU	WHEELCHAIR ACCESSORY, POWER	X	PA Required Except for in a NF/ICF		$5,025.57	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION					
000E1004	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION				$5,025.57	X
000E1004	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$502.55	X
000E1005	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$5,439.79	X
000E1005	KR	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$18.13	X
000E1005	NU	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$5,439.79	X
000E1005	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION				$5,439.79	X
000E1005	RR	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$543.97	X
000E1006	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, W/O SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$6,663.23	X
000E1006	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, W/O SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$22.21	X
000E1006	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, W/O SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$6,663.23	X
000E1006	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, W/O SHEAR REDUCTION				$6,663.23	X
000E1006	RR	WHEELCHAIR ACCESSORY, POWER	X	PA Required Except for in a NF/ICF		$666.30	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SEATING SYSTEM, COMBINATION TILT AND RECLINE, W/O SHEAR REDUCTION					
000E1007	KA	WHEELCHAIR ACCESSORY, POWER SETING SYSTEM, COMBINATION TILT AND RECLINE WITH MECHANICAL SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$9,022.28	X
000E1007	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$30.07	X
000E1007	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$9,022.28	X
000E1007	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION				$9,022.28	X
000E1007	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$902.23	X
000E1008	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$9,023.08	X
000E1008	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$30.07	X
000E1008	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$9,023.08	X
000E1008	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR				$9,023.08	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		REDUCTION					
000E1008	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	X	PA Required Except for in a NF/ICF		$902.30	X
000E1009	KA	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEGREST, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1009	KR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1009	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1009	RB	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEGREST, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1009	RR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1010	KA	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	X	PA Required Except for in a NF/ICF		$1,180.56	X
000E1010	KR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER	X	PA Required Except for in a NF/ICF		$3.93	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR					
000E1010	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	X	PA Required Except for in a NF/ICF		$1,180.56	X
000E1010	RB	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	X	PA Required Except for in a NF/ICF		$1,180.56	X
000E1010	RR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	X	PA Required Except for in a NF/ICF		$118.05	X
000E1011	KA	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	X	PA Required Except for in a NF/ICF		RNE	X
000E1011	KR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)				RNE	X
000E1011	NU	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)				RNE	X
000E1011	RR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)				RNE	X
000E1014	KA	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	X	PA Required Except for in a NF/ICF		$376.87	X
000E1014	KR	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	X	PA Required Except for in a NF/ICF		$1.25	X
000E1014	NU	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	X	PA Required Except for in a NF/ICF		$376.87	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E1014	RB	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR				$376.87	X
000E1014	RR	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	X	PA Required Except for in a NF/ICF		$37.69	X
000E1015	KA	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$118.38	X
000E1015	KR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$0.39	X
000E1015	NU	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$118.38	X
000E1015	RB	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$118.38	X
000E1015	RR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$11.82	X
000E1016	KA	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$135.53	X
000E1016	KR	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$0.45	X
000E1016	NU	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$135.53	X
000E1016	RB	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH				$135.53	X
000E1016	RR	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		$13.56	X
000E1017	KR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1017	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1017	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1017	RR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E1018	KA	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1018	KR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1018	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E1018	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH		PA Required Except for in a NF/ICF		RNE	X
000E1020	KA	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$251.23	X
000E1020	KR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$0.83	X
000E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$251.23	X
000E1020	RB	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR				$251.23	X
000E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$25.10	X
000E1028	KA	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	X	PA Required Except for in a NF/ICF		$213.17	X
000E1028	KR	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	X	PA Required Except for in a NF/ICF		$0.71	X
000E1028	MS	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL		PAYABLE ONCE EVERY 6 MONTHS.		$21.31	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INTERFACE OR POSITIONING ACCESSOR					
000E1028	NU	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	X	PA Required Except for in a NF/ICF		$213.17	X
000E1028	RB	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR				$213.17	X
000E1028	RR	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	X	PA Required Except for in a NF/ICF		$21.31	X
000E1029	KA	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	X	PA Required Except for in a NF/ICF		$381.41	X
000E1029	KR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	X	PA Required Except for in a NF/ICF		$1.27	X
000E1029	NU	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	X	PA Required Except for in a NF/ICF		$381.41	X
000E1029	RB	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED				$381.41	X
000E1029	RR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	X	PA Required Except for in a NF/ICF		$38.13	X
000E1030	KA	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	X	PA Required Except for in a NF/ICF		$1,202.73	X
000E1030	KR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	X	PA Required Except for in a NF/ICF		$4.00	X
000E1030	NU	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	X	PA Required Except for in a NF/ICF		$1,202.73	X
000E1030	RB	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED				$1,202.73	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E1030	RR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	X	PA Required Except for in a NF/ICF		$120.27	X
000E1035	KR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	X	PA Required Except for in a NF/ICF		$21.09	X
000E1035	NU	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	X	PA Required Except for in a NF/ICF	X	$6,329.12	X
000E1035	RR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	X	PA Required Except for in a NF/ICF		$632.91	X
000E1037	KR	TRANSPORT CHAIR, PEDIATRIC SIZE	X	PA Required Except for in a NF/ICF		$3.73	X
000E1037	NU	TRANSPORT CHAIR, PEDIATRIC SIZE	X	PA Required Except for in a NF/ICF	X	$1,119.77	X
000E1037	RR	TRANSPORT CHAIR, PEDIATRIC SIZE	X	PA Required Except for in a NF/ICF		$111.97	X
000E1038	KR	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$0.62	X
000E1038	NU	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$186.09	X
000E1038	RR	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$18.60	X
000E1039	KR	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	X	PA Required Except for in a NF/ICF		$1.17	X
000E1039	NU	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300	X	PA Required Except for in a NF/ICF	X	$352.99	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		POUNDS					
000E1039	RR	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	X	PA Required Except for in a NF/ICF		$35.29	X
000E1050	KR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, WSWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$3.50	X
000E1050	NU	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,051.13	X
000E1050	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$105.11	X
000E1060	NU	FULLY RECLINING WHEELCHAIR;DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,301.22	X
000E1060	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,301.22	X
000E1060	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$130.12	X
000E1070	KR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF		$3.76	X
000E1070	NU	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF	X	$1,130.51	X
000E1070	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE			X	$1,130.51	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		FOOTRESTS					
000E1070	RR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF		$113.05	X
000E1083	KR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$2.70	X
000E1083	NU	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$812.71	X
000E1083	RR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$81.27	X
000E1084	KR	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$3.36	X
000E1084	NU	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,010.98	X
000E1084	RR	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$101.09	X
000E1087	KR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FLL-LENGHT ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$4.35	X
000E1087	NU	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAI; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,305.77	X
000E1087	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH			X	$1,305.77	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS					
000E1087	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$130.57	X
000E1088	KR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$5.18	X
000E1088	NU	HIGH-STRENGTH LIG;HTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,556.16	X
000E1088	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	$1,556.16	X
000E1088	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$155.61	X
000E1092	KR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$4.42	X
000E1092	NU	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,326.41	X
000E1092	RB	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	$1,326.41	X
000E1092	RR	WIDE, HEAVY-DUTY WHEELCHAIR;DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY,	X	PA Required Except for in a NF/ICF		$132.64	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		DETACHABLE, ELEVATING LEGRESTS					
000E1093	KR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGHT ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF		$3.80	X
000E1093	NU	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF	X	$1,140.72	X
000E1093	RB	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS			X	$1,140.72	X
000E1093	RR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF		$114.07	X
000E1100	KR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$3.55	X
000E1100	NU	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGHT ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,065.17	X
000E1100	RB	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	$1,065.17	X
000E1100	RR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS,SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$106.51	X
000E1110	KR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	X	PA Required Except for in a NF/ICF		$3.49	X
000E1110	NU	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	X	PA Required Except for in a NF/ICF	X	$1,049.28	X
000E1110	RB	SEMI-RECLINING WHEELCHAIR;			X	$1,049.28	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		DETCHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST					
000E1110	RR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	X	PA Required Except for in a NF/ICF		$104.92	X
000E1150	KR	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$2.80	X
000E1150	NU	WHEELCHAIR;DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$842.02	X
000E1150	RB	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGHT, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	$842.02	X
000E1150	RR	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$84.20	X
000E1160	KR	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$2.15	X
000E1160	NU	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$645.09	X
000E1160	RB	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	$645.09	X
000E1160	RR	WHEELCHAIR;FIXED FULL-LENGTHAMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$64.50	X
000E1161	NU	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	X	PA Required Except for in a NF/ICF	X	$2,442.15	X
000E1161	RB	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE			X	$2,442.15	X
000E1161	RR	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	X	PA Required Except for in a NF/ICF		$244.21	X
000E1161	UE	MANUAL ADULT SIZE WHEELCHAIR,	X	PA Required Except for in a NF/ICF	X	$1,998.39	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INCLUDES TILT IN SPACE					
000E1170	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$2.61	X
000E1170	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$783.50	X
000E1170	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$78.35	X
000E1171	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOTRESTS OR LEGRESTS	X	PA Required Except for in a NF/ICF		$2.70	X
000E1171	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOTRESTS OR LEGRESTS	X	PA Required Except for in a NF/ICF	X	$810.64	X
000E1171	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOTRESTS OR LEGRESTS	X	PA Required Except for in a NF/ICF		$81.06	X
000E1172	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, WITHOUT FOOTRESTS OR LEGRESTS	X	PA Required Except for in a NF/ICF		$2.86	X
000E1172	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH WITHOUT FOOTRESTS OR LEGRESTS	X	PA Required Except for in a NF/ICF	X	$859.36	X
000E1172	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, WITHOUT FOOTRESTS OR LEGRESTS	X	PA Required Except for in a NF/ICF		$85.93	X
000E1180	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF		$3.48	X
000E1180	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF	X	$1,045.97	X
000E1180	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-	X	PA Required Except for in a NF/ICF		$104.59	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		AWAY, DETACHABLE FOOTRESTS					
000E1190	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$3.64	X
000E1190	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,094.59	X
000E1190	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$109.45	X
000E1195	KR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$4.32	X
000E1195	NU	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,296.68	X
000E1195	RR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$129.66	X
000E1200	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF		$2.76	X
000E1200	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF	X	$830.98	X
000E1200	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PA Required Except for in a NF/ICF		$83.09	X
000E1220	KR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL)	X	PA Required Except for in a NF/ICF		RNE	X
000E1220	NU	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		NAME, MODEL NUMBER, IF ANY, AND JUSTIFICATION)					
000E1220	RR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND MANE, MODEL NUMBER,IF ANY, AND JUSTIFICATION)	X	PA Required Except for in a NF/ICF		RNE	X
000E1221	KR	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	X	PA Required Except for in a NF/ICF		$1.47	X
000E1221	NU	WHEELCHAIR WITHFIXED ARM, FOOTRESTS	X	PA Required Except for in a NF/ICF	X	$441.96	X
000E1221	RR	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	X	PA Required Except for in a NF/ICF		$44.19	X
000E1222	KR	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$2.05	X
000E1222	NU	HEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$617.22	X
000E1222	RR	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$61.72	X
000E1223	KR	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	X	PA Required Except for in a NF/ICF		$2.54	X
000E1223	NU	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	X	PA Required Except for in a NF/ICF	X	$763.99	X
000E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	X	PA Required Except for in a NF/ICF		$76.39	X
000E1224	KR	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$2.37	X
000E1224	NU	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$711.97	X
000E1224	RR	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$71.19	X
000E1225	KR	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	X	PA Required Except for in a NF/ICF		$1.55	X
000E1225	NU	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE	X	PA Required Except for in a NF/ICF		$466.53	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH					
000E1225	RR	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	X	PA Required Except for in a NF/ICF		$46.65	X
000E1226	KR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	X	PA Required Except for in a NF/ICF		$1.87	X
000E1226	NU	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	X	PA Required Except for in a NF/ICF		$563.19	X
000E1226	RB	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH				$563.19	X
000E1226	RR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	X	PA Required Except for in a NF/ICF		$56.31	X
000E1227	KR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$0.88	X
000E1227	NU	PECIAL HEIGHT ARMS FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$265.96	X
000E1227	RR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$26.59	X
000E1228	KR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$0.96	X
000E1228	NU	SPECIAL BACK HEIGHT FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$289.20	X
000E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	X	PA Required Except for in a NF/ICF		$28.92	X
000E1229	KR	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PA Required Except for in a NF/ICF		RNE	X
000E1229	NU	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PA Required Except for in a NF/ICF	X	RNE	X
000E1229	RR	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E1230	KR	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	X	PA Required Except for in a NF/ICF		$7.65	X
000E1230	NU	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	X	PA Required Except for in a NF/ICF	X	$2,334.50	X
000E1230	RR	POWER OPERATED VEHICLE (3 OR 4 WHEEL,NON HIGHWAY)	X	PA Required Except for in a NF/ICF		$229.60	X
000E1230	UE	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	X	PA Required Except for in a NF/ICF	X	$1,750.87	X
000E1231	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF		RNE	X
000E1231	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF	X	RNE	X
000E1231	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF		RNE	X
000E1232	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$7.35	X
000E1232	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF	X	$2,207.15	X
000E1232	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$220.72	X
000E1233	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$7.62	X
000E1233	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF	X	$2,286.96	X
000E1233	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$228.69	X
000E1234	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-	X	PA Required Except for in a NF/ICF		$6.63	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SPACE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM					
000E1234	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF	X	$1,990.96	X
000E1234	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$199.11	X
000E1235	KR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$6.39	X
000E1235	NU	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF	X	$1,917.14	X
000E1235	RR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$191.72	X
000E1236	KR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$5.63	X
000E1236	NU	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF	X	$1,691.41	X
000E1236	RR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$169.13	X
000E1237	KR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$5.68	X
000E1237	NU	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF	X	$1,706.19	X
000E1237	RR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$170.61	X
000E1238	KR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF		$5.63	X
000E1238	NU	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PA Required Except for in a NF/ICF	X	$1,691.41	X
000E1238	RR	WHEELCHAIR, PEDIATRIC SIZE,	X	PA Required Except for in a NF/ICF		$169.13	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		FOLDING, ADJUSTABLE, W/O SEATING SYSTEM					
000E1239	KR	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PA Required Except for in a NF/ICF		RNE	X
000E1239	NU	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PA Required Except for in a NF/ICF	X	RNE	X
000E1239	RR	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PA Required Except for in a NF/ICF		RNE	X
000E1240	NU	LIGHTWEIGHT WHEELCHAIR; DETACHABEL ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGREST	X	PA Required Except for in a NF/ICF	X	$1,063.31	X
000E1240	RR	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGREST	X	PA Required Except for in a NF/ICF		$106.33	X
000E1270	KR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$2.71	X
000E1270	NU	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$814.77	X
000E1270	RR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$81.47	X
000E1280	KR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$4.51	X
000E1280	NU	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,354.79	X
000E1280	RR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$135.47	X
000E1295	KR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING	X	PA Required Except for in a NF/ICF		$3.81	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		LEGRESTS					
000E1295	NU	HEAVY-EUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF	X	$1,143.72	X
000E1295	RR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	X	PA Required Except for in a NF/ICF		$114.37	X
000E1296	KA	SPECIAL WHEELCHAIRSEAT HEIGHT FROM FLOOR	X	PA Required Except for in a NF/ICF	X	$507.47	X
000E1296	KR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	X	PA Required Except for in a NF/ICF		$1.71	X
000E1296	NU	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	X	PA Required Except for in a NF/ICF	X	$507.47	X
000E1296	RR	WPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	X	PA Required Except for in a NF/ICF		$51.54	X
000E1297	KA	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	X	PA Required Except for in a NF/ICF	X	$107.97	X
000E1297	KR	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	X	PA Required Except for in a NF/ICF		$0.39	X
000E1297	NU	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	X	PA Required Except for in a NF/ICF	X	$107.97	X
000E1297	RR	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	X	PA Required Except for in a NF/ICF		$11.99	X
000E1298	KA	SPECIAL WHEELCHAIR SEATDEPTH AND/OR WIDTH, BY CONSTRUCTION	X	PA Required Except for in a NF/ICF	X	$437.26	X
000E1298	KR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	X	PA Required Except for in a NF/ICF		$1.49	X
000E1298	NU	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	X	PA Required Except for in a NF/ICF	X	$437.26	X
000E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	X	PA Required Except for in a NF/ICF		$44.74	X
000E1310	KR	WHIRLPOOL,NON-PORTABLE (BUILT IN TYPE)	X	PA Required Except for in a NF/ICF		$5.37	
000E1310	NU	WHIRLPOOL,NON PORTABLE (BUILT IN TYPE)	X	PA Required Except for in a NF/ICF	X	$1,883.96	
000E1310	RR	WHIRLPOOL,NON PORTABLE (BULITY IN	X	PA Required Except for in a NF/ICF		$161.13	

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		TYPE)					
000E1353	RB	REGULATOR-				$30.07	
000E1355	RB	STAND/RACK.				$22.65	
000E1372	KR	IMMERSION EXTERNAL HEATER FOR NEBULIZER				$0.69	
000E1372	NU	IMMERSION EXTERNAL HEATER FOR NEBULIZER				$153.26	
000E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER				$20.78	
000E1390	KR	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				$6.82	
000E1390	QE	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				$102.38	
000E1390	QF	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				$307.16	
000E1390	QG	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				$307.16	
000E1390	RR	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				$204.77	
000E1391	KR	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF				$6.82	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH					
000E1391	QE	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH				$102.38	
000E1391	QF	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH				$307.16	
000E1391	QG	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH				$307.16	
000E1391	RR	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH				$204.77	
000E1392	KR	PORTABLE OXYGEN CONCENTRATOR, RENTAL				$1.15	
000E1392	RR	PORTABLE OXYGEN CONCENTRATOR, RENTAL				$53.28	
000E1399	KR	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS				RNE	
000E1399	LL	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS		SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	
000E1399	NU	DURABLE MEDICAL EQUIPT,MISCELLANEOUS PA OVER $500/REV. PA FOR PRICING.		PA Required If Billed OVER $500, Except for in a NF/ICF	X	RNE	
000E1399	RA	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS PA OVER $500,		PA Required If Billed OVER $500, Except for in a NF/ICF	X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		REVEIW PA FOR PRICING					
000E1399	RB	DURABLE MEDICAL EUIPMENT, MISCELLANEOUSPRIOR AUTHORIZATION REQUIRED IF BILLING OVER $500; REVIEW PA FOR PRICING		PA Required If Billed OVER $500, Except for in a NF/ICF	X	RNE	
000E1399	RR	DURABLE MEDICAL EQUIPT,MISCELLANEOUS PA OVER $500/REV. PA FOR PRICING		PRIOR AUTH REQUIRED IF 10 MONTHS TOTAL WILL BE OVER $500		RNE	
000E1406	RA	OXYGEN AND WATER VAPOR ENRICHING SYSTEM W/O HEATED DELIVERY			X	$2,214.06	
000E1639	22	SCALE, EACH TO BE USED FOR DIALYSIS ESRD ONLY - TALKING SCALE			X	RNE	
000E1699		DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED		PA Required If Billed OVER $500, Except for in a NF/ICF	X	RNE	
000E1700	KR	JAW MOTION REHABILITATION SYSTEM				$1.16	
000E1700	NU	JAW MOTION REHABILITATION SYSTEM			X	$355.92	
000E1700	RR	JAW MOTION REHABILITATION SYSTEM				$34.90	
000E1701	RB	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF SIX				$108.79	
000E1702	RB	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF 200				RNE	
000E1800	KR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$4.21	
000E1800	NU	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	$1,264.38	
000E1800	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$126.43	
000E1801	KR	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR				$4.43	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		FLEXION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND					
000E1801	NU	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND			X	$1,331.47	
000E1801	RR	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND				$133.14	
000E1802	KR	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$11.24	
000E1802	NU	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	$3,373.05	
000E1802	RR	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$337.30	
000E1805	KR	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$4.34	
000E1805	NU	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	$1,304.01	
000E1805	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$130.40	
000E1806	KR	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND				$3.64	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E1806	NU	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND			X	$1,093.14	
000E1806	RR	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND				$109.31	
000E1810	KR	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$4.28	
000E1810	NU	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	$1,285.84	
000E1810	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$128.58	
000E1811	KR	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND				$4.61	
000E1811	NU	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND			X	$1,384.31	
000E1811	RR	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND				$138.43	
000E1812	KR	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL				$2.95	

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000E1812	NU	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL			X	$887.54	
000E1812	RR	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL				$88.75	
000E1815	KR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$4.34	
000E1815	NU	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	$1,304.01	
000E1815	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$130.40	
000E1815	UE	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$1,067.05	
000E1816	KR	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND				$4.68	
000E1816	NU	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND			X	$1,406.19	
000E1816	RR	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND				$140.61	
000E1818	KR	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL				$4.78	

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		COMPONENTS AND					
000E1818	NU	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND			X	$1,435.61	
000E1818	RR	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND				$143.56	
000E1820	KR	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE				$0.26	
000E1820	NU	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE			X	$79.58	
000E1820	RR	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE				$7.96	
000E1821	KR	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE				$0.36	
000E1821	NU	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE			X	$108.63	
000E1821	RR	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE				$10.84	
000E1825	KR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$4.34	
000E1825	NU	DYNAMIC ADJUSTABLE FINGER			X	$1,304.01	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL					
000E1825	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$130.40	
000E1830	KR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$4.34	
000E1830	NU	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	$1,304.01	
000E1830	RR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$130.40	
000E1840	KR	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$13.16	
000E1840	NU	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	$3,950.13	
000E1840	RR	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				$395.01	
000E1841	KR	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS & ACCESSORIES				$15.58	
000E1841	NU	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS & ACCESSORIES			X	$4,675.62	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E1841	RR	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS & ACCESSORIES				$467.56	
000E1902	KR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMUNICATION DEVICE	X	PA Required Except for in a NF/ICF		RNE	
000E1902	NU	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	X	PA Required Except for in a NF/ICF	X	RNE	
000E1902	RR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	X	PA Required Except for in a NF/ICF		RNE	
000E2000	KR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC				$1.78	
000E2000	RR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC				$53.49	
000E2100	KR	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER				$2.21	
000E2100	NU	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER			X	$663.86	
000E2100	RR	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER				$66.38	
000E2201	KA	MANUALWHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	X	PA Required Except for in a NF/ICF		$385.09	X
000E2201	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	X	PA Required Except for in a NF/ICF		$1.28	X
000E2201	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH	X	PA Required Except for in a NF/ICF		$385.09	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		GREATER THAN OR					
000E2201	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES				$385.09	X
000E2201	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	X	PA Required Except for in a NF/ICF		$38.50	X
000E2202	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PA Required Except for in a NF/ICF		$489.21	X
000E2202	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PA Required Except for in a NF/ICF		$1.63	X
000E2202	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PA Required Except for in a NF/ICF		$489.21	X
000E2202	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES				$489.21	X
000E2202	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PA Required Except for in a NF/ICF		$48.92	X
000E2203	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	X	PA Required Except for in a NF/ICF		$494.45	X
000E2203	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	X	PA Required Except for in a NF/ICF		$1.64	X
000E2203	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	X	PA Required Except for in a NF/ICF		$494.45	X
000E2203	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES				$494.45	X
000E2203	RR	MANUAL WHEELCHAIR ACCESSORY,	X	PA Required Except for in a NF/ICF		$49.42	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES					
000E2204	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	X	PA Required Except for in a NF/ICF		$2.79	X
000E2204	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	X	PA Required Except for in a NF/ICF		$839.54	X
000E2204	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	X	PA Required Except for in a NF/ICF		$83.96	X
000E2205	RB	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH				$34.75	X
000E2206	KR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	X	PA Required Except for in a NF/ICF		$0.13	X
000E2206	NU	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	X	PA Required Except for in a NF/ICF		$41.29	X
000E2206	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH				$41.29	X
000E2206	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	X	PA Required Except for in a NF/ICF		$4.11	X
000E2207	KR	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	X	PA Required Except for in a NF/ICF		$0.14	X
000E2207	NU	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	X	PA Required Except for in a NF/ICF		$43.99	X
000E2207	RB	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH				$43.99	X
000E2207	RR	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	X	PA Required Except for in a NF/ICF		$4.40	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E2208	KR	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	X	PA Required Except for in a NF/ICF		$0.40	X
000E2208	NU	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	X	PA Required Except for in a NF/ICF		$120.55	X
000E2208	RB	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH				$120.55	X
000E2208	RR	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	X	PA Required Except for in a NF/ICF		$12.05	X
000E2209	KR	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	X	PA Required Except for in a NF/ICF		$0.36	X
000E2209	NU	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	X	PA Required Except for in a NF/ICF		$108.77	X
000E2209	RB	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH				$108.77	X
000E2209	RR	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	X	PA Required Except for in a NF/ICF		$10.85	X
000E2210	RB	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH				$7.09	X
000E2211	KR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.13	X
000E2211	NU	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$42.22	X
000E2211	RB	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION RITE, ANY SIZE, EACH				$42.22	X
000E2211	RR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$4.13	X
000E2212	KR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.02	X
000E2212	NU	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$5.96	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E2212	RB	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH				$5.96	X
000E2212	RR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.62	X
000E2213	KR	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.10	X
000E2213	MS	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH		PAYABLE ONCE EVERY 6 MONTHS.		$3.10	X
000E2213	NU	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$30.87	X
000E2213	RB	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH				$30.87	X
000E2213	RR	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$3.10	X
000E2214	KR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.11	X
000E2214	NU	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$31.58	X
000E2214	RB	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH				$31.58	X
000E2214	RR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE,	X	PA Required Except for in a NF/ICF		$3.47	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		EACH					
000E2215	KR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.03	X
000E2215	NU	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$9.75	X
000E2215	RB	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH				$9.75	X
000E2215	RR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.97	X
000E2216	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2216	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2216	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2216	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2217	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2217	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2217	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2217	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE,	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		EACH					
000E2218	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2218	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2218	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH				RNE	X
000E2218	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2219	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.16	X
000E2219	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$43.19	X
000E2219	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH				$43.19	X
000E2219	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$4.87	X
000E2220	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.09	X
000E2220	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$27.74	X
000E2220	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH				$27.74	X
000E2220	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$2.78	X
000E2221	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.08	X

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000E2221	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$25.92	X
000E2221	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH				$25.92	X
000E2221	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$2.56	X
000E2222	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.07	X
000E2222	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$21.73	X
000E2222	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH				$21.73	X
000E2222	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$2.15	X
000E2224	KR	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$0.35	X
000E2224	NU	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$101.21	X
000E2224	RB	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH				$101.21	X
000E2224	RR	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	X	PA Required Except for in a NF/ICF		$10.62	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E2225	RB	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	X	PA Required Except for in a NF/ICF		$18.47	X
000E2226	RB	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	X	PA Required Except for in a NF/ICF		$40.26	X
000E2227	KR	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH				$6.58	X
000E2227	NU	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH				$1,975.23	X
000E2227	RR	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH				$197.51	X
000E2228	KR	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH				$3.42	X
000E2228	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH				$1,028.14	X
000E2228	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH				$102.80	X
000E2230	KR	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM				RNE	X
000E2230	NU	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM				RNE	X
000E2230	RR	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM				RNE	X
000E2231	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE				$0.54	X
000E2231	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE				$164.07	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		(REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE					
000E2231	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE				$16.16	X
000E2291	KR	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2291	NU	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2291	RR	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2292	KR	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2292	NU	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2292	RR	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2293	KR	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2293	NU	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2293	RR	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2294	KR	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X

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000E2294	NU	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2294	RR	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2295	KR	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	X	PA Required Except for in a NF/ICF		RNE	X
000E2295	NU	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	X	PA Required Except for in a NF/ICF		RNE	X
000E2295	RR	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	X	PA Required Except for in a NF/ICF		RNE	X
000E2310	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLER AND ONE POWER SEATING SYSTEM MOTOR, INC ELECTRONICS, IND FEATURE,	X	PA Required Except for in a NF/ICF		$1,207.86	X
000E2310	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	X	PA Required Except for in a NF/ICF		$4.02	X
000E2310	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	X	PA Required Except for in a NF/ICF		$1,207.86	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E2310	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC SCONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INC ELECTRONICS, IND FEATUR	X	PA Required Except for in a NF/ICF		$1,207.86	X
000E2310	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	X	PA Required Except for in a NF/ICF		$120.78	X
000E2311	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCL ELECTRONICS, I	X	PA Required Except for in a NF/ICF		$2,445.36	X
000E2311	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	X	PA Required Except for in a NF/ICF		$8.15	X
000E2311	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	X	PA Required Except for in a NF/ICF		$2,445.36	X
000E2311	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCL ELECTRONICS, I				$2,445.36	X
000E2311	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	X	PA Required Except for in a NF/ICF		$244.54	X
000E2312	KR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE,	X	PA Required Except for in a NF/ICF		RNE	X

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		MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE					
000E2312	NU	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2312	RR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2313	KR	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2313	NU	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2313	RR	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2321	KR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$5.46	X

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000E2321	NU	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$1,640.18	X
000E2321	RB	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,				$1,640.18	X
000E2321	RR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$164.02	X
000E2322	KA	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCL ELECTRONICS, MECHANICAL STOP SWITCH, FIX	X	PA Required Except for in a NF/ICF		$1,455.69	X
000E2322	KR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	X	PA Required Except for in a NF/ICF		$4.85	X
000E2322	NU	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	X	PA Required Except for in a NF/ICF		$1,455.69	X
000E2322	RB	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULT MECHANICAL SWITCHES,NONPROPORTIONAL, INCL ALL RELATED ELECTRONICS,				$1,455.69	X

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		MECHANICAL STOP SWIT					
000E2322	RR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	X	PA Required Except for in a NF/ICF		$145.56	X
000E2323	KA	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFBRICATED	X	PA Required Except for in a NF/ICF		$71.38	X
000E2323	KR	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	X	PA Required Except for in a NF/ICF		$0.23	X
000E2323	NU	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	X	PA Required Except for in a NF/ICF		$71.38	X
000E2323	RB	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED				$71.38	X
000E2323	RR	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	X	PA Required Except for in a NF/ICF		$7.14	X
000E2324	KA	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	X	PA Required Except for in a NF/ICF		$45.22	X
000E2324	KR	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	X	PA Required Except for in a NF/ICF		$0.15	X
000E2324	NU	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	X	PA Required Except for in a NF/ICF		$45.22	X
000E2324	RR	POWER WHEELCHAIR ACCESSORY,	X	PA Required Except for in a NF/ICF		$4.51	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CHIN CUP FOR CHIN CONTROL INTERFACE					
000E2325	KA	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPORPORTIONAL, INCL ALL ELECTRONICS, MECHANICAL STOP SWITCH, MANUAL SWINGAWAY MOUNTING HAR	X	PA Required Except for in a NF/ICF		$1,390.12	X
000E2325	KR	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	X	PA Required Except for in a NF/ICF		$4.63	X
000E2325	NU	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	X	PA Required Except for in a NF/ICF		$1,390.12	X
000E2325	RB	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCL ALL ELECTRONICS, MECH STOP SWITCH, MAN SWINGAWAY MOUNTING HARDWARE				$1,390.12	X
000E2325	RR	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	X	PA Required Except for in a NF/ICF		$139.03	X
000E2326	KA	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	X	PA Required Except for in a NF/ICF		$358.29	X
000E2326	KR	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	X	PA Required Except for in a NF/ICF		$1.19	X
000E2326	NU	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF	X	PA Required Except for in a NF/ICF		$358.29	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INTERFACE					
000E2326	RB	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE				$358.29	X
000E2326	RR	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	X	PA Required Except for in a NF/ICF		$35.84	X
000E2327	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWI	X	PA Required Except for in a NF/ICF		$2,696.36	X
000E2327	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE S	X	PA Required Except for in a NF/ICF		$8.98	X
000E2327	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE S	X	PA Required Except for in a NF/ICF		$2,696.36	X
000E2327	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE S	X	PA Required Except for in a NF/ICF		$269.63	X
000E2328	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PORPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED M	X	PA Required Except for in a NF/ICF		$5,114.62	X

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000E2328	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND				$17.04	X
000E2328	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND	X	PA Required Except for in a NF/ICF		$5,114.62	X
000E2328	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PORPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED M				$5,114.62	X
000E2328	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND	X	PA Required Except for in a NF/ICF		$511.44	X
000E2329	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STO	X	PA Required Except for in a NF/ICF		$1,822.90	X
000E2329	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$6.07	X
000E2329	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PA Required Except for in a NF/ICF		$1,822.90	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		S					
000E2329	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STO				$1,822.90	X
000E2329	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$182.28	X
000E2330	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$3,532.10	X
000E2330	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$11.77	X
000E2330	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$3,532.10	X
000E2330	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL				$3,532.10	X

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		S					
000E2330	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	X	PA Required Except for in a NF/ICF		$353.20	X
000E2331	KA	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2331	KR	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2331	NU	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2331	RB	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE				RNE	X
000E2331	RR	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2340	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	X	PA Required Except for in a NF/ICF		$369.88	X
000E2340	KR	POWER WHEELCHAIR ACCESSORY,	X	PA Required Except for in a NF/ICF		$1.23	X

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		NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES					
000E2340	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	X	PA Required Except for in a NF/ICF		$369.88	X
000E2340	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES				$369.88	X
000E2340	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	X	PA Required Except for in a NF/ICF		$37.00	X
000E2341	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PA Required Except for in a NF/ICF		$554.86	X
000E2341	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PA Required Except for in a NF/ICF		$1.84	X
000E2341	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PA Required Except for in a NF/ICF		$554.86	X
000E2341	RB	POWER WHEELCHAIR ACCESSIRY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES				$554.86	X
000E2341	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PA Required Except for in a NF/ICF		$55.48	X
000E2342	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	X	PA Required Except for in a NF/ICF		$462.38	X
000E2342	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	X	PA Required Except for in a NF/ICF		$1.54	X
000E2342	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	X	PA Required Except for in a NF/ICF		$462.38	X
000E2342	RA	POWER WHEELCHAIR ACCESSORY,				$462.38	X

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		NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES					
000E2342	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES				$462.38	X
000E2342	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	X	PA Required Except for in a NF/ICF		$46.24	X
000E2343	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	X	PA Required Except for in a NF/ICF		$739.82	X
000E2343	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	X	PA Required Except for in a NF/ICF		$2.46	X
000E2343	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	X	PA Required Except for in a NF/ICF		$739.82	X
000E2343	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES				$739.82	X
000E2343	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	X	PA Required Except for in a NF/ICF		$73.97	X
000E2351	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTRO INTERFACE	X	PA Required Except for in a NF/ICF		$721.08	X
000E2351	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PA Required Except for in a NF/ICF		$2.40	X
000E2351	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL	X	PA Required Except for in a NF/ICF		$721.08	X

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		INTERFACE					
000E2351	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE				$721.08	X
000E2351	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PA Required Except for in a NF/ICF		$72.12	X
000E2360	KA	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$109.11	X
000E2360	KR	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$0.36	X
000E2360	NU	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$109.11	X
000E2360	RB	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY, EACH				$109.11	X
000E2360	RR	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$10.89	X
000E2361	KA	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$141.55	X
000E2361	KR	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$0.47	X
000E2361	NU	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY,	X	PA Required Except for in a NF/ICF		$141.55	X

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		EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)					
000E2361	RB	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)				$141.55	X
000E2361	RR	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$14.16	X
000E2362	KA	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$93.34	X
000E2362	KR	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$0.31	X
000E2362	NU	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$93.34	X
000E2362	RB	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH				$93.34	X
000E2362	RR	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$9.33	X
000E2363	KA	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G.GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$188.76	X
000E2363	KR	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$0.62	X
000E2363	NU	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$188.76	X

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000E2363	RB	POWER WHEELCHAIR ACCESORY, GROUP 24 SEALED LEAD ACID BATTERY, DACH (E.G.GEL CELL, ABSORBED GLASSMAT)				$188.76	X
000E2363	RR	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$18.88	X
000E2364	KA	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$109.11	X
000E2364	KR	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$0.36	X
000E2364	NU	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$109.11	X
000E2364	RB	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH				$109.11	X
000E2364	RR	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		$10.89	X
000E2365	KA	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$113.85	X
000E2365	KR	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$0.37	X
000E2365	NU	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$113.85	X
000E2365	RB	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH				$113.85	X

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		(E.G. GEL CELL, ABSORBED GLASSMAT)					
000E2365	RR	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$11.38	X
000E2366	KA	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONEBATTERY TYPE, SEALED OR NON-SEALED, EACH	X	PA Required Except for in a NF/ICF		$272.09	X
000E2366	KR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	X	PA Required Except for in a NF/ICF		$0.90	X
000E2366	NU	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	X	PA Required Except for in a NF/ICF		$272.09	X
000E2366	RB	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH				$272.09	X
000E2366	RR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	X	PA Required Except for in a NF/ICF		$27.27	X
000E2367	KA	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	X	PA Required Except for in a NF/ICF		$432.55	X
000E2367	KR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	X	PA Required Except for in a NF/ICF		$1.44	X
000E2367	NU	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE,	X	PA Required Except for in a NF/ICF		$432.55	X

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		SEALED OR NON-SEALED, EACH					
000E2367	RB	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH				$432.55	X
000E2367	RR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	X	PA Required Except for in a NF/ICF		$43.25	X
000E2368	RB	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY				$533.17	X
000E2368	RP	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	X	PA Required Except for in a NF/ICF		RNE	X
000E2369	RB	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY				$464.40	X
000E2369	RP	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	X	PA Required Except for in a NF/ICF		RNE	X
000E2370	RB	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY				$828.64	X
000E2370	RP	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	X	PA Required Except for in a NF/ICF		RNE	X
000E2371	KR	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	X	PA Required Except for in a NF/ICF		$0.51	X
000E2371	NU	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	X	PA Required Except for in a NF/ICF		$155.58	X
000E2371	RB	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GELCELL, ABSORBED GLASSMAT), EACH				$155.58	X
000E2371	RR	POWER WHEELCHAIR ACCESSORY,	X	PA Required Except for in a NF/ICF		$15.56	X

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		GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH					
000E2372	KR	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2372	NU	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2372	RB	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH				RNE	X
000E2372	RR	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	X	PA Required Except for in a NF/ICF		RNE	X
000E2373	KR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$2.32	X
000E2373	NU	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$697.64	X
000E2373	RB	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		PA Required Except for in a NF/ICF		$697.64	X
000E2373	RR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$69.78	X
000E2374	RB	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE,				$551.18	X

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		STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), REPLACEMENT ONLY					
000E2375	RB	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY				$884.09	X
000E2376	RB	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATEDELECTRONICS & MOUNTING HARDWARE, REPLACEMENT ONLY				$1,424.39	X
000E2377	KR	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS & MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	X	PA Required Except for in a NF/ICF		$1.67	X
000E2377	NU	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS & MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	X	PA Required Except for in a NF/ICF		$501.32	X
000E2377	RR	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS & MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	X	PA Required Except for in a NF/ICF		$50.12	X
000E2378	RB	POWER WHEELCHAIOR COMPONENT, ACTUATOR, REPLACEMENT ONLY				RNE	X
000E2381	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$77.10	X

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000E2382	RB	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$21.65	X
000E2383	RB	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOV)				$158.47	X
000E2384	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$84.44	X
000E2385	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$51.65	X
000E2386	RB	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$157.02	X
000E2387	RB	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$67.74	X
000E2388	RB	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$53.47	X
000E2389	RB	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$29.03	X
000E2390	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$45.40	X
000E2391	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH				$21.75	X
000E2392	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH				$57.17	X

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000E2394	RB	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$81.44	X
000E2395	RB	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH				$57.88	X
000E2396	RB	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH				$70.57	X
000E2397	NU	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	X	PA Required Except for in a NF/ICF		$454.78	X
000E2402	KR	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	X	PA Requirwed Except for in a NF/ICF AND APPROVED COORDINATION PLAN ON FILE WITH MEDICAID		$118.41	X
000E2500	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	X	PA Required Except for in a NF/ICF		$1.34	
000E2500	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	X	PA Required Except for in a NF/ICF	X	$403.63	
000E2500	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	X	PA Required Except for in a NF/ICF		$40.36	
000E2502	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	X	PA Required Except for in a NF/ICF		$4.11	
000E2502	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	X	PA Required Except for in a NF/ICF		$1,234.24	
000E2502	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER	X	PA Required Except for in a NF/ICF		$123.43	

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		THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO					
000E2504	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	X	PA Required Except for in a NF/ICF		$5.42	
000E2504	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	X	PA Required Except for in a NF/ICF		$1,628.13	
000E2504	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	X	PA Required Except for in a NF/ICF		$162.83	
000E2506	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	X	PA Required Except for in a NF/ICF		$7.95	
000E2506	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	X	PA Required Except for in a NF/ICF		$2,387.31	
000E2506	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	X	PA Required Except for in a NF/ICF		$238.72	
000E2508	KR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	X	PA Required Except for in a NF/ICF		$12.30	
000E2508	NU	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY	X	PA Required Except for in a NF/ICF		$3,691.58	

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		SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE					
000E2508	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	X	PA Required Except for in a NF/ICF		$369.16	
000E2510	KR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	X	PA Required Except for in a NF/ICF		$23.28	
000E2510	NU	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	X	PA Required Except for in a NF/ICF	X	$6,985.83	
000E2510	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	X	PA Required Except for in a NF/ICF		$698.57	
000E2511	KR	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	X	PA Required Except for in a NF/ICF		RNE	
000E2511	NU	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	X	PA Required Except for in a NF/ICF	X	RNE	
000E2511	RR	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	X	PA Required Except for in a NF/ICF		RNE	
000E2512	KR	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	X	PA Required Except for in a NF/ICF		RNE	

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000E2512	NU	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	X	PA Required Except for in a NF/ICF		RNE	
000E2512	RB	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM		PA Required Except for in a NF/ICF		RNE	
000E2512	RR	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	X	PA Required Except for in a NF/ICF		RNE	
000E2599	NU	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF		RNE	
000E2599	RB	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED				RNE	
000E2599	RR	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF		RNE	
000E2601	KR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				$0.21	X
000E2601	NU	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH			X	$63.12	X
000E2601	RR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				$6.32	X
000E2602	KR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$0.41	X
000E2602	NU	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	$123.23	X
000E2602	RR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$12.32	X

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000E2603	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				$0.52	X
000E2603	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH			X	$156.46	X
000E2603	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				$15.65	X
000E2604	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$0.64	X
000E2604	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	$194.46	X
000E2604	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$19.43	X
000E2605	KR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				$0.92	X
000E2605	NU	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH			X	$277.82	X
000E2605	RR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				$27.79	X
000E2606	KR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$1.44	X
000E2606	NU	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	$433.42	X
000E2606	RR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$43.36	X

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000E2607	KR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				$0.99	X
000E2607	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH			X	$299.16	X
000E2607	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				$29.92	X
000E2608	KR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$1.19	X
000E2608	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	$359.28	X
000E2608	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$35.91	X
000E2609	KR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE				RNE	X
000E2609	NU	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE			X	RNE	X
000E2609	RR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE				RNE	X
000E2611	KR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$1.07	X
000E2611	NU	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF	X	$322.39	X
000E2611	RR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$32.23	X

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000E2612	KR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$1.45	X
000E2612	NU	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF	X	$436.12	X
000E2612	RR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$43.60	X
000E2613	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$1.35	X
000E2613	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF	X	$405.67	X
000E2613	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$40.57	X
000E2614	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$1.87	X
000E2614	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF	X	$561.41	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000E2614	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$56.14	X
000E2615	KA	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING AND TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$466.86	X
000E2615	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$1.55	X
000E2615	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF	X	$466.86	X
000E2615	RB	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE				$466.86	X
000E2615	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$46.69	X
000E2616	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$2.09	X
000E2616	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL,	X	PA Required Except for in a NF/ICF	X	$628.14	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE					
000E2616	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		$62.81	X
000E2617	KR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2617	NU	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF	X	RNE	X
000E2617	RR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PA Required Except for in a NF/ICF		RNE	X
000E2619	RB	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH				$52.96	X
000E2620	KR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTHLESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	X	PA Required Except for in a NF/ICF		$1.88	X
000E2620	NU	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTHLESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	X	PA Required Except for in a NF/ICF	X	$565.30	X
000E2620	RR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTHLESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	X	PA Required Except for in a NF/ICF		$56.53	X
000E2621	KR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH	X	PA Required Except for in a NF/ICF		$1.97	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		LATERAL SUPPORTS, WIDTH22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA					
000E2621	NU	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA	X	PA Required Except for in a NF/ICF	X	$593.23	X
000E2621	RR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA	X	PA Required Except for in a NF/ICF		$59.31	X
000E2622	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	X	PA Required Except for in a NF/ICF	X	$342.12	X
000E2622	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	X	PA Required Except for in a NF/ICF		$34.21	X
000E2623	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH				RNE	X
000E2623	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	$385.93	X
000E2623	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH				$38.59	X
000E2624	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	X	PA Required Except for in a NF/ICF	X	$354.78	X
000E2624	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	X	PA Required Except for in a NF/ICF		$35.48	X

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000E2625	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	X	PA Required Except for in a NF/ICF	X	$449.12	X
000E2625	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	X	PA Required Except for in a NF/ICF		$38.74	X
000E7048	RA	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS				$4,029.18	
000E7048	RB	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS				RNE	
000E8000	KR	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
000E8000	NU	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS			X	RNE	
000E8000	RR	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
000E8001	KR	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
000E8001	NU	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS			X	RNE	
000E8001	RR	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
000E8002	KR	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
000E8002	NU	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS			X	RNE	
000E8002	RR	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		ACCESSORIES & COMPONENTS					
000J7131		HYPERTONIC SALINE SOLUTION, 1 ML(EXAMPLE: HYPERSAL 7% OR 10%) FOR DIAGNOSIS CYSTIC FIBROSIS ONLY		COVERED ONLY FOR CYSTIC FIBROSIS DIAGNOSIS. ATTACH PHYSICIAN DETILED ORDER TO CL		RNE	
000K0001	KR	STANDARD WHLCHR	X	PA Required Except for in a NF/ICF		$1.83	
000K0001	LL	STANDARD WHLCHR	X	SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	
000K0001	NU	STANDARD WHLCHR	X	PRIOR AUTH REQUIRED	X	$549.82	
000K0001	RR	STANDARD WHLCHR	X	PA Required Except for in a NF/ICF		$54.98	
000K0001	UE	STANDARD CHAIR,(USED EQUIPMENT)SEE PROGRAM SPECIALIST FOR PRICING.			X	RNE	
000K0002	KR	STANDARD HEMI (LOW SEAT) WHLCHR	X	PA Required Except for in a NF/ICF		$2.68	
000K0002	NU	STANDARD HEMI (LOW SEAT) WHLCHR	X	PA Required Except for in a NF/ICF	X	$804.24	
000K0002	RR	STANDARD HEMI (LOW SEAT) WHLCHR	X	PA Required Except for in a NF/ICF		$80.42	
000K0003	KR	LT WT WHLCHR	X	PA Required Except for in a NF/ICF		$3.08	X
000K0003	NU	LT WT WHLCHR	X	PA Required Except for in a NF/ICF	X	$924.70	X
000K0003	RR	LT WT WHLCHR	X	PA Required Except for in a NF/ICF		$92.47	X
000K0004	KR	HIGH STRENGTH, LT WT WHLCHR	X	PA Required Except for in a NF/ICF		$4.59	X
000K0004	NU	HIGH STRENGTH,LT WT WHLCHR	X	PA Required Except for in a NF/ICF	X	$1,379.36	X
000K0004	RR	HIGH STRENGTH,LT WT WHLCHR	X	PA Required Except for in a NF/ICF		$137.93	X
000K0005	KR	ULTRALIGHT WT WHLCHR	X	PA Required Except for in a NF/ICF		$6.25	X
000K0005	NU	ULTRALIGHT WT WHLCHR	X	PA Required Except for in a NF/ICF	X	$1,876.27	X
000K0005	RR	ULTRALIGHT WT WHLCHR	X	PA Required Except for in a NF/ICF		$187.62	X
000K0006	KR	HEAVY DUTY WHLCHR	X	PA Required Except for in a NF/ICF		$4.13	X
000K0006	NU	HEAVY DUTY WHLCHR	X	PA Required Except for in a NF/ICF	X	$1,239.09	X
000K0006	RR	HEAVY DUTY WHLCHR	X	PA Required Except for in a NF/ICF		$123.90	X
000K0007	KR	EXTRA HEAVY DUTY WHLCHR	X	PA Required Except for in a NF/ICF		$6.14	X

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000K0007	NU	EXTRA HEAVY DUTY WHLCHR	X	PA Required Except for in a NF/ICF	X	$1,842.38	X
000K0007	RR	EXTRA HEAVY DUTY WHLCHR	X	PA Required Except for in a NF/ICF		$184.23	X
000K0007	UE	EXTRA HEAVY DUTY WHEELCHAIR	X	PA Required Except for in a NF/ICF		$1,381.78	X
000K0008		CUSTOM MANUAL WHEELCHAIR/BASE DENY CV			X	RNE	X
000K0009	KR	OTHER MANUAL WHLCHR/BASEREV. PA FOR PRICING	X	PA Required Except for in a NF/ICF		RNE	X
000K0009	NU	OTHER MANUAL WHLCHR/BASEREV. PA FOR PRICING	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0009	RR	OTHER MANUAL WHLCHR/BASEREV. PA PRICING	X	PA Required Except for in a NF/ICF		RNE	X
000K0009	UE	OTHER MANUAL WHEELCHAIR/BASEREVIEW PA FOR PRICING	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0010	KR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR	X	PA Required Except for in a NF/ICF		$14.65	X
000K0010	NU	STANDARD WT FRAME MOTORIZED/POWER WHLCHR	X	PA Required Except for in a NF/ICF	X	$4,396.84	X
000K0010	RR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR	X	PA Required Except for in a NF/ICF		$439.68	X
000K0011	KR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR W/PROGRAMMABLE CONTROL	X	PA Required Except for in a NF/ICF		$17.62	X
000K0011	NU	STANDARD WT FRAME MOTORIZED/POWER WHLCHR,W/PROGRAMMABLE CONTROL	X	PA Required Except for in a NF/ICF	X	$5,287.48	X
000K0011	RR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR W/PROGRAMMABLE CONTROL	X	PA Required Except for in a NF/ICF		$528.74	X
000K0012	KR	LT WT PORTABLE MOTORIZED/POWER WHLCHR	X	PA Required Except for in a NF/ICF		$11.17	X
000K0012	NU	LT WT PORTABLE MOTORIZED/POWER WHLCHR	X	PA Required Except for in a NF/ICF	X	$3,353.65	X
000K0012	RR	LT WT PORTABLE MOTORIZED/POWER	X	PA Required Except for in a NF/ICF		$335.36	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WHLCHR					
000K0014	KR	OTHER MOTORIZED/POWER WHLCHR BASE REV. PA FOR PRICING	X	PA Required Except for in a NF/ICF		RNE	X
000K0014	NU	OTHER MOTORIZED/POWER WHLCHR BASE REV. PA FOR PRICING	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0014	RR	OTHER MOTORIZED/POWER WHLCHR BASE REV.PA FOR PRICING	X	PA Required Except for in a NF/ICF		RNE	X
000K0015	RA	DETACHABLE,NON ADJ HT ARMREST,EACH				$184.41	X
000K0015	RB	DETACHABLE,NON ADJ HT ARMREST,EACH				$184.41	X
000K0017	RB	DETACHABLE, ADJ HEIGHT ARMREST, BASE, EACH				$51.86	X
000K0018	RB	DETACHABLE, ADJ HEIGHT ARMREST, UPPER PORTION, EACH				$28.99	X
000K0019	RB	ARM PAD, EACH				$17.79	X
000K0020	KR	FIXED, ADJ HEIGHT ARMREST, PAIR	X	PA Required Except for in a NF/ICF		$0.15	X
000K0020	NU	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	X	PA Required Except for in a NF/ICF		$47.13	X
000K0020	RB	FIXED, ADJ HEIGHT ARMREST, PAIR				$47.13	X
000K0020	RR	FIXED, ADJ HEIGHT ARMREST, PAIR	X	PA Required Except for in a NF/ICF		$4.72	X
000K0037	KA	HIGH MOUNT FLIP-UP FOOTREST, EACH	X	PA Required Except for in a NF/ICF		$42.25	X
000K0037	KR	HIGH MOUNT FLIP-UP FOOTREST, EACH	X	PA Required Except for in a NF/ICF		$0.12	X
000K0037	NU	HIGH MOUNT FLIP-UP FOOTREST, EACH	X	PA Required Except for in a NF/ICF		$42.25	X
000K0037	RB	HIGH MOUNT FLIP-UP FOOTREST, EACH				$42.25	X
000K0037	RR	HIGH MOUNT FLIP-UP FOOTREST, EACH	X	PA Required Except for in a NF/ICF		$3.77	X
000K0038	KA	LEG STRAP, EACH				$24.60	X
000K0038	KR	LEG STRAP, EACH	X	PA Required Except for in a NF/ICF		$0.08	X
000K0038	NU	LEG STRAP, EACH	X	PA Required Except for in a NF/ICF		$24.60	X

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000K0038	RB	LEG STRAP, EACH				$24.60	X
000K0038	RR	LEG STRAP, EACH	X	PA Required Except for in a NF/ICF		$2.45	X
000K0039	KA	LEG STRAP, H STYLE, EACH	X	PA Required Except for in a NF/ICF		$54.69	X
000K0039	KR	LEG STRAP, H STYLE, EACH	X	PA Required Except for in a NF/ICF		$0.18	X
000K0039	NU	LEG STRAP, H STYLE, EACH	X	PA Required Except for in a NF/ICF		$54.69	X
000K0039	RB	LEG STRAP, H STYLE, EACH				$54.69	X
000K0039	RR	LEG STRAP, H STYLE, EACH	X	PA Required Except for in a NF/ICF		$5.49	X
000K0040	KA	ADJ ANGLE FOOTPLATE, EACH	X	PA Required Except for in a NF/ICF		$75.76	X
000K0040	KR	ADJ ANGLE FOOTPLATE, EACH	X	PA Required Except for in a NF/ICF		$0.25	X
000K0040	NU	ADJ ANGLE FOOTPLATE, EACH	X	PA Required Except for in a NF/ICF		$75.76	X
000K0040	RB	ADJ ANGLE FOOTPLATE, EACH				$75.76	X
000K0040	RR	ADJ ANGLE FOOTPLATE, EACH	X	PA Required Except for in a NF/ICF		$7.58	X
000K0041	KR	LARGE SIZE FOOTPLATE, EACH	X	PA Required Except for in a NF/ICF		$0.17	X
000K0041	NU	LARGE SIZE FOOTPLATE, EACH	X	PA Required Except for in a NF/ICF		$53.72	X
000K0041	RR	LARGE SIZE FOOTPLATE, EACH	X	PA Required Except for in a NF/ICF		$5.35	X
000K0042	RB	STANDARD SIZE FOOTPLATE, EACH				$31.96	X
000K0043	RB	FOOTREST, LOWER EXTENSION TUBE, EACH				$19.81	X
000K0044	RB	FOOTREST, UPPER HANGER BRACKET, EACH				$16.89	X
000K0045	RB	FOOTREST, COMPLETE ASSEMBLY				$49.67	X
000K0046	RB	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH				$19.81	X
000K0047	RB	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH				$77.59	X
000K0050	RB	RATCHET ASSEMBLY				$32.98	X
000K0051	RB	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH				$53.38	X
000K0052	RB	SWINGAWAY, DETACHABLE FOOTRESTS, EACH				$93.82	X

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000K0053	KA	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	X	PA Required Except for in a NF/ICF		$103.53	X
000K0053	KR	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACHREV PA FOR PRICING	X	PA Required Except for in a NF/ICF		$0.34	X
000K0053	NU	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	X	PA Required Except for in a NF/ICF		$103.53	X
000K0053	RB	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH				$103.53	X
000K0053	RR	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	X	PA Required Except for in a NF/ICF		$10.36	X
000K0056	KR	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	X	PA Required Except for in a NF/ICF		$0.32	X
000K0056	NU	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	X	PA Required Except for in a NF/ICF		$96.51	X
000K0056	RR	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	X	PA Required Except for in a NF/ICF		$9.66	X
000K0065	KA	SPOKE PROTECTORS, EACH	X	PA Required Except for in a NF/ICF		$45.11	X
000K0065	KR	SPOKE PROTECTORS, EACH	X	PA Required Except for in a NF/ICF		$0.14	X
000K0065	NU	SPOKE PROTECTORS, EACH	X	PA Required Except for in a NF/ICF		$45.11	X
000K0065	RB	SPOKE PROTECTORS, EACH				$45.11	X
000K0065	RR	SPOKE PROTECTORS, EACH	X	PA Required Except for in a NF/ICF		$4.50	X
000K0069	RB	REAR WHEEL ASSEMBLY, COMPLETE, W/SOLID TIRE, SPOKES OR MOLDED, EACH				$101.38	X
000K0070	RA	REAR WHEEL ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE, SPOKES OR MOLDED, EACH				$185.90	X
000K0070	RB	REAR WHEEL ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE, SPOKES OR MOLDED, EACH				$185.90	X
000K0071	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE, EACH				$110.86	X
000K0072	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/SEMI-PNEUMATIC TIRE,				$62.71	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		EACH					
000K0073	KA	CASTER PIN LOCK, EACH				$33.95	X
000K0073	KR	CASTER PIN LOCK, EACH				$0.11	X
000K0073	NU	CASTER PIN LOCK, EACH				$33.95	X
000K0073	RB	CASTER PIN LOCK, EACH				$33.95	X
000K0073	RR	CASTER PIN LOCK, EACH	X	PA Required Except for in a NF/ICF		$3.39	X
000K0077	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/SOLID TIRE, EACH				$59.69	X
000K0098	RB	DRIVE BELT FOR PWR WHLCHR				$23.75	X
000K0105	KA	IV HANGER, EACH	X	PA Required Except for in a NF/ICF		$100.90	X
000K0105	KR	IV HANGER, EACH	X	PA Required Except for in a NF/ICF		$0.33	X
000K0105	NU	IV HANGER, EACH	X	PA Required Except for in a NF/ICF		$100.90	X
000K0105	RB	IV HANGER, EACH				$100.90	X
000K0105	RR	IV HANGER, EACH	X	PA Required Except for in a NF/ICF		$10.07	X
000K0108	KA	OTHER ACCESSORIES (WHEELCHAIR)	X	PA Required Except for in a NF/ICF		RNE	X
000K0108	KR	OTHER ACCESSORIES (WHEELCHAIR) REV. PA FOR PRICING	X	PA Required Except for in a NF/ICF		RNE	X
000K0108	NU	OTHER ACCESSORIES (WHEELCHAIR) REV PA FOR PRICING	X	PA Required Except for in a NF/ICF		RNE	X
000K0108	RB	OTHER ACCESSORIES (WHEELCHAIR) REV. FOR COVERAGE				RNE	X
000K0108	RR	OTHER ACCESSORIES (WHEELCHAIR) REV. PA FOR PRICING	X	PA Required Except for in a NF/ICF		RNE	X
000K0108	UE	OTHER ACCESSORIES (WHEELCHAIR)	X	PA Required Except for in a NF/ICF		RNE	X
000K0551	KR	RESIDUAL LIMB SUPPORT SYSTEM, SOLID BASE WITH ADJUSTABLE DROP HOOKS, MOUNTS TO WHEELCHAIR FRAME, EACH				RNE	X
000K0552		SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH				$2.69	
000K0601		REPLACEMENT BATTERY FOR				$1.13	

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		EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT,EACH					
000K0602		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH.				$7.16	
000K0603		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH				$0.64	
000K0604		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH				$6.85	
000K0605		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH				$16.44	
000K0730		CONTROLLED DOSE INHALLATION DRUG DELIVERY SYSTEM			X	$1,829.48	
000K0733	KR	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$0.10	X
000K0733	NU	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G.GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$31.18	X
000K0733	RB	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)				$31.18	X
000K0733	RR	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PA Required Except for in a NF/ICF		$3.13	X
000K0738	KR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR TO FILL PORT O2 CYLINDERS, INCL PORT CONTAINERS,				$1.77	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		REG, FLOWMETER, HUMID, CANNULA/MSK,TUBE					
000K0738	RR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR TO FILL PORT O2*CYLINDERS, INCL PORT CONTAINERS, REG, FLOWMETER, HUMID, CANNULA/MSK,TUBE				$53.28	
000K0739		REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER/15 MINUTE				$10.56	
000K0800	KR	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$4.44	X
000K0800	LL	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	SEE CONVERSION, RENTAL TO PURCHASE. SEE 471 NAC 7-010.09.	X	RNE	X
000K0800	NU	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$1,334.32	X
000K0800	RA	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$1,334.32	X
000K0800	RR	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$133.43	X
000K0801	KR	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$7.17	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000K0801	NU	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,151.22	X
000K0801	RA	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,151.22	X
000K0801	RR	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$215.09	X
000K0802	KR	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$8.11	X
000K0802	NU	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,434.48	X
000K0802	RA	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,434.48	X
000K0802	RR	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$243.44	X
000K0806	KR	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$5.38	X
000K0806	NU	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$1,614.18	X
000K0806	RA	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$1,614.18	X
000K0806	RR	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$161.41	X

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000K0807	KR	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$8.16	X
000K0807	NU	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,449.33	X
000K0807	RA	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,449.33	X
000K0807	RR	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$244.92	X
000K0808	KR	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$12.63	X
000K0808	NU	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$3,789.63	X
000K0808	RA	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY	X	PA Required Except for in a NF/ICF	X	$3,789.63	X
000K0808	RR	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$378.95	X
000K0812	KR	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF		RNE	X
000K0812	NU	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0812	RA	POWER OPERATED VEHICLE, NOT OTHERWISE SPECIFIED	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0812	RR	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF		RNE	X
000K0813	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT & BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300	X	PA Required Except for in a NF/ICF		$8.29	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		POUNDS					
000K0813	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT & BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,489.95	X
000K0813	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT & BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,489.95	X
000K0813	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT & BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$248.99	X
000K0814	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$10.62	X
000K0814	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$3,187.06	X
000K0814	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$3,187.06	X
000K0814	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$318.70	X
000K0815	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$12.09	X

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000K0815	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$3,629.34	X
000K0815	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHTCAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$362.93	X
000K0816	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$11.58	X
000K0816	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$3,475.65	X
000K0816	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$3,475.65	X
000K0816	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$347.56	X
000K0820	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$8.86	X
000K0820	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$2,659.43	X
000K0820	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	X	PA Required Except for in a NF/ICF	X	$2,659.43	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CAPACITY UP TO & INCLUDING 300 POUNDS					
000K0820	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$265.94	X
000K0821	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$11.38	X
000K0821	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$3,414.03	X
000K0821	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$3,414.03	X
000K0821	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$341.40	X
000K0822	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$13.75	X
000K0822	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,126.01	X
000K0822	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,126.01	X
000K0822	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK,	X	PA Required Except for in a NF/ICF		$412.60	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS					
000K0823	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$13.84	X
000K0823	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,153.05	X
000K0823	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	X	PA Required Except for in a NF/ICF	X	$4,153.05	X
000K0823	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$415.30	X
000K0824	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$16.66	X
000K0824	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,998.38	X
000K0824	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,998.38	X
000K0824	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$499.83	X
000K0825	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$15.25	X

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000K0825	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,575.71	X
000K0825	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,575.71	X
000K0825	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$457.57	X
000K0826	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$21.56	X
000K0826	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$6,470.84	X
000K0826	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	X	PA Required Except for in a NF/ICF	X	$6,470.84	X
000K0826	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$647.08	X
000K0827	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$18.34	X
000K0827	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,502.27	X
000K0827	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR,	X	PA Required Except for in a NF/ICF	X	$5,502.27	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS					
000K0827	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$550.22	X
000K0828	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$23.76	X
000K0828	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$7,130.28	X
000K0828	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$7,130.28	X
000K0828	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$713.02	X
000K0829	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$21.82	X
000K0829	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$6,547.63	X
000K0829	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$6,547.63	X
000K0829	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR	X	PA Required Except for in a NF/ICF		$654.76	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		MORE					
000K0830	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0830	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0830	RA	POWER WHEELCHAIR, GROUP 2 STANDARD SEAT ELEVATOR, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0830	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0831	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0831	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0831	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTIANS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000K0831	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0835	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$13.95	X
000K0835	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,187.83	X
000K0835	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,187.83	X
000K0835	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$418.78	X
000K0836	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$14.47	X
000K0836	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,342.76	X
000K0836	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION,	X	PA Required Except for in a NF/ICF	X	$4,342.76	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS					
000K0836	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$434.27	X
000K0837	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$16.66	X
000K0837	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,998.38	X
000K0837	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,998.38	X
000K0837	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$499.83	X
000K0838	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$14.90	X
000K0838	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,471.57	X
000K0838	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,471.57	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000K0838	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$447.15	X
000K0839	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$21.56	X
000K0839	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$6,470.84	X
000K0839	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$6,470.84	X
000K0839	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$647.08	X
000K0840	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$32.67	X
000K0840	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$9,803.64	X
000K0840	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$9,803.64	X
000K0840	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION,	X	PA Required Except for in a NF/ICF		$980.36	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE					
000K0841	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF		$14.85	X
000K0841	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF	X	$4,457.43	X
000K0841	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,457.43	X
000K0841	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF		$445.74	X
000K0842	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$14.85	X
000K0842	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$4,457.43	X
000K0842	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	X	PA Required Except for in a NF/ICF	X	$4,457.43	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		POUNDS					
000K0842	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$445.74	X
000K0843	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$17.88	X
000K0843	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,366.75	X
000K0843	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,366.75	X
000K0843	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$536.67	X
000K0848	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$18.18	X
000K0848	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,454.28	X
000K0848	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,454.28	X
000K0848	RR	POWER WHEELCHAIR, GROUP 3	X	PA Required Except for in a NF/ICF		$545.42	X

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		STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS					
000K0849	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$17.48	X
000K0849	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,244.03	X
000K0849	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,244.03	X
000K0849	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$524.40	X
000K0850	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$21.08	X
000K0850	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$6,326.85	X
000K0850	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$6,326.85	X
000K0850	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$632.68	X
000K0851	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT	X	PA Required Except for in a NF/ICF		$20.27	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		WEIGHT CAPACITY 301 TO 450 POUNDS					
000K0851	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$6,083.16	X
000K0851	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$6,083.16	X
000K0851	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$608.31	X
000K0852	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$24.36	X
000K0852	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$7,310.28	X
000K0852	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$7,310.28	X
000K0852	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$731.02	X
000K0853	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$25.03	X
000K0853	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$7,509.49	X
000K0853	RA	POWER WHEELCHAIR, GROUP 3 VERY	X	PA Required Except for in a NF/ICF	X	$7,509.49	X

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		HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS					
000K0853	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$750.94	X
000K0854	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$33.16	X
000K0854	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$9,948.45	X
000K0854	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$9,948.45	X
000K0854	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$994.84	X
000K0855	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$31.32	X
000K0855	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$9,397.80	X
000K0855	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$9,397.80	X
000K0855	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR,	X	PA Required Except for in a NF/ICF		$939.78	X

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		PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE					
000K0856	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$19.51	X
000K0856	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,854.65	X
000K0856	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,854.65	X
000K0856	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$585.46	X
000K0857	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$19.90	X
000K0857	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,972.00	X
000K0857	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	$5,972.00	X

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000K0857	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		$597.20	X
000K0858	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$24.21	X
000K0858	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$7,263.84	X
000K0858	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$7,263.84	X
000K0858	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$726.38	X
000K0859	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$23.09	X
000K0859	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$6,927.46	X
000K0859	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS SCREEN BATCH-	X	PA Required Except for in a NF/ICF	X	$6,927.46	X
000K0859	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT	X	PA Required Except for in a NF/ICF		$692.74	X

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		CAPACITY 301 TO 450 POUNDS					
000K0860	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$34.59	X
000K0860	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$10,377.31	X
000K0860	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIEN WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$10,377.31	X
000K0860	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$1,037.73	X
000K0861	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF		$19.54	X
000K0861	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF	X	$5,864.04	X
000K0861	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	X	PA Required Except for in a NF/ICF	X	$5,864.04	X
000K0861	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	X	PA Required Except for in a NF/ICF		$586.40	X

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		INCLUDING 300 POUND					
000K0862	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$24.21	X
000K0862	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$7,263.84	X
000K0862	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	$7,263.84	X
000K0862	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		$726.38	X
000K0863	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		$34.59	X
000K0863	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$10,377.31	X
000K0863	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	$10,377.31	X
000K0863	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK,	X	PA Required Except for in a NF/ICF		$1,037.73	X

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		PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS					
000K0864	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$41.16	X
000K0864	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$12,349.13	X
000K0864	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF	X	$12,349.13	X
000K0864	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PA Required Except for in a NF/ICF		$1,234.91	X
000K0868	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0868	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0868	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0868	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INCLUDING 300 POUNDS					
000K0869	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0869	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0869	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0869	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0870	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0870	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0870	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0870	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0871	KR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		POUNDS					
000K0871	NU	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0871	RA	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0871	RR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0877	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0877	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0877	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0877	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0878	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CAPACITY UP TO AND INCLUDING 300 POUNDS					
000K0878	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0878	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0878	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0879	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0879	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0879	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0879	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0880	KR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000K0880	NU	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0880	RA	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 450 TO 600 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0880	RR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0884	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF		RNE	X
000K0884	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0884	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0884	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PA Required Except for in a NF/ICF		RNE	X
000K0885	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000K0885	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0885	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0885	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0886	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0886	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0886	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0886	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PA Required Except for in a NF/ICF		RNE	X
000K0890	KR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PA Required Except for in a NF/ICF		RNE	X
000K0890	NU	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION,	X	PA Required Except for in a NF/ICF	X	RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND					
000K0890	RA	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK/PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0890	RR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PA Required Except for in a NF/ICF		RNE	X
000K0891	KR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PA Required Except for in a NF/ICF		RNE	X
000K0891	NU	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0891	RA	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0891	RR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PA Required Except for in a NF/ICF		RNE	X
000K0898	KR	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF		RNE	X
000K0898	NU	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF	X	RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000K0898	RA	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF	X	RNE	X
000K0898	RR	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	X	PA Required Except for in a NF/ICF		RNE	X
000K1701	RB	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF SIX				$12.11	
000L0112		CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR W/O SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FAB			X	$1,239.61	
000L0120		CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)				$29.43	
000L0130		CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT			X	$135.77	
000L0140		CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)				$71.03	
000L0150		CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)				$119.27	
000L0160		CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT			X	$144.93	
000L0170		CERVICAL, COLLAR, MOLDED TO PATIENT MODEL			X	$546.96	
000L0172		CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE (CORRECTED UV FROM .4 TO 4. ON 6/30/97)				$109.89	
000L0174		CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION			X	$241.99	
000L0180		CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE			X	$310.64	
000L0190		CERVICAL, MULTIPLE POST COLLAR,			X	$436.72	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)					
000L0200		CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION			X	$524.32	
000L0220		THORACIC, RIB BELT, CUSTOM FABRICATED			X	$113.57	
000L0430		TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIA, CUSTOM FITTED			X	$1,162.15	
000L0450		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INCLUDES FITTING & ADJUSTMENT			X	$162.84	
000L0452		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM			X	RNE	
000L0454		TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO INCLUDES FITTING & ADJUSTMENT			X	$307.18	
000L0456		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL FITTING & ADJUSTMENT			X	$880.89	
000L0458		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC FITTING & ADJUSTMENT			X	$789.89	
000L0460		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC INCLUDES FITTING & ADJUSTMENT			X	$889.08	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L0462		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC INCLUDES FITTING & ADJUSTMENT			X	$1,105.87	
000L0464		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC FITTING & ADJUSTMENT			X	$1,316.49	
000L0466		TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON ADJUSTMENT			X	$324.80	
000L0468		TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ADJUSTMENT			X	$412.52	
000L0470		TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON FITTING & SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING A			X	$568.94	
000L0472		TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR & LATERAL FRAME INCLUDES FITTING & ADJUSTMENT			X	$358.50	
000L0480		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			X	$1,534.79	
000L0482		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, OR CAD-CAM MODEL, CUSTOM FABRICATED			X	$1,436.40	
000L0484		TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRI			X	$1,496.00	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L0486		TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			X	$1,569.14	
000L0488		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, FITTING & ADJUSTMENT			X	$889.08	
000L0490		TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING & ADJUSTMENT			X	$250.53	
000L0491		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTI			X	$680.21	
000L0492		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTI			X	$418.18	
000L0621		SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLU			X	$100.12	
000L0622		SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLU			X	$256.92	
000L0623		SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM & ABDOMEN, REDUCES MOTION ABOUT THE SAC			X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L0625		LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE				$48.77	
000L0626		LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY P			X	$69.05	
000L0627		LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRA			X	$364.05	
000L0628		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES I			X	$74.30	
000L0629		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES I			X	RNE	
000L0630		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,			X	$143.42	
000L0631		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR & POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VE			X	$909.22	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L0633		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION T			X	$253.98	
000L0635		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX TH			X	$890.79	
000L0636		LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE			X	$1,465.23	
000L0637		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR & POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JU			X	$1,054.89	
000L0638		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR & POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JU			X	$1,168.15	
000L0639		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,			X	$1,054.89	
000L0640		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,			X	$926.78	
000L0700		CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO), ANTERIOR-			X	$2,243.39	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		POSTERIER-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)					
000L0710		CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)			X	$1,861.33	
000L0810		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST			X	$2,290.39	
000L0820		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET			X	$1,831.40	
000L0830		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS			X	$2,696.54	
000L0859		ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS & PINS, ANY MATERIAL			X	$1,013.86	
000L0861		ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL				$190.87	
000L0970		TLSO, CORSET FRONT			X	$95.11	
000L0972		LSO, CORSET FRONT			X	$87.10	
000L0974		TLSO, FULL CORSET			X	$158.74	
000L0976		LSO, FULL CORSET			X	$148.26	
000L0978		AXILLARY CRUTCH EXTENSION			X	$212.37	
000L0980		PERONEAL STRAPS, PAIR				$14.53	
000L0982		STOCKING SUPPORTER GRIPS, SET OF FOUR (4)				$15.56	
000L0984		PROTECTIVE BODY SOCK, EACH				$58.00	
000L0999		ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED				RNE	
000L1000		CERVICAL-THORACIC-LUMBAR-SACRAL			X	$1,767.21	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL					
000L1001		CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	RNE	
000L1005		TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING & ADJUSTMENT			X	$2,834.78	
000L1010		ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING				$62.33	
000L1020		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD				$71.93	
000L1025		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING				$103.78	
000L1030		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD				$52.93	
000L1040		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD				$65.62	
000L1050		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD				$69.28	
000L1060		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD				$81.88	
000L1070		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZE SLING				$74.88	
000L1080		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER				$46.05	
000L1085		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS				$128.09	
000L1090		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING				$77.06	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L1100		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER				$145.56	
000L1110		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHE R, MOLDED TO PATIENT MODEL				$267.79	
000L1120		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH				$33.04	
000L1200		THORACIC-LUMBAR-SACRAL-ORTHOSES (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY			X	$1,510.26	
000L1210		ADDITION TO TLSO, (LOW PROFILE), LATERAL THROACIC EXTENSION				$217.76	
000L1220		ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC EXTENSION				$190.87	
000L1230		ADDITION TO TLSO (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE				$473.08	
000L1240		ADDITION TO TLSO (LOW PROFILE), LUMAR DEROTATION PAD				$64.62	
000L1250		ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD				$60.12	
000L1260		ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD				$62.96	
000L1270		ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD				$64.47	
000L1280		ADDITION TO TLSO (LOW PROFILE), RIB BUSSET (ELASTIC), EACH				$71.79	
000L1290		ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PAD				$65.40	
000L1300		OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL			X	$1,496.86	
000L1310		OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET			X	$1,595.48	

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000L1499		SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED REVIEW PRICING			X	RNE	
000L1600		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$107.24	
000L1610		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT				$43.01	
000L1620		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$115.07	
000L1630		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED			X	$154.38	
000L1640		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED			X	$433.48	
000L1650		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$202.94	
000L1652		HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT, ANY			X	$315.73	
000L1660		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$142.42	
000L1680		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJ HIP MOTION			X	$1,234.92	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CONTROL,THIGH CUFFS(RANCHO HIP ACTION)CUSTOM FABRICATED					
000L1685		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED			X	$989.94	
000L1686		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$759.16	
000L1690		COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION & INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING A			X	$1,712.68	
000L1700		LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED			X	$1,390.96	
000L1710		LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED			X	$1,487.76	
000L1720		LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED			X	$1,288.13	
000L1730		LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED			X	$1,035.28	
000L1755		LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED			X	$1,348.27	
000L1810		KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$83.30	
000L1820		KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	$110.48	
000L1830		KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL,			X	$75.84	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		PREFABRICATED, INCLUDES FITTING & ADJUSTMENT					
000L1831		KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$260.67	
000L1832		KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONALORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING & ADJ			X	$505.97	
000L1832	52	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONALORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING & ADJ			X	$252.98	
000L1834		KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED			X	$697.70	
000L1834	52	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED			X	$348.85	
000L1836		KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$118.19	
000L1840		KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED			X	$783.99	
000L1843		KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND			X	$794.71	
000L1844		KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC),			X	$1,674.64	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		MEDIAL-LATERAL &					
000L1845		KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND			X	$680.23	
000L1845	52	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL &			X	$340.11	
000L1846		KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND			X	$929.72	
000L1847		KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIRSUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$509.41	
000L1850		KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$248.29	
000L1860		KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)			X	$1,134.68	
000L1860	52	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)			X	$567.34	
000L1900		ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED			X	$233.80	
000L1902		ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$70.11	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L1904		ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED			X	$393.40	
000L1906		ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$100.08	
000L1907		AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED			X	$498.34	
000L1907	52	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED			X	$249.17	
000L1910		ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$222.56	
000L1920		ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED			X	$290.95	
000L1930		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$230.09	
000L1930	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES*FITTING & ADJUSTMENT			X	$115.04	
000L1932		AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$790.35	
000L1940		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED			X	$450.72	
000L1940	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-			X	$225.36	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		FABRICATED					
000L1945		ANKLE FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED			X	$770.40	
000L1945	52	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED			X	$385.20	
000L1950		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED			X	$647.81	
000L1951		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJ			X	$743.83	
000L1960		ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED			X	$461.30	
000L1960	52	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED			X	$230.65	
000L1970		ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED			X	$707.83	
000L1970	52	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED			X	$353.91	
000L1971		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$415.14	
000L1980		ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,CALF BAND/CUFF (SINGLE BAR "BK"			X	$338.82	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		ORTHOSIS), CUSTOM-FABRICATED					
000L1990		ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS), CUSTOM-FABRICATED			X	$428.21	
000L2000		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH & CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), CUSTOM-FA			X	$844.13	
000L2005		KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTI			X	$3,629.32	
000L2010		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH&CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHO) W/O KNEE JOINT, CUS FA			X	$773.64	
000L2020		KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRRUPTHIGH & CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO), CUSTOM-FABRICATED			X	$971.76	
000L2030		KNEE, ANKLE,,FOOT ORTHO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH& CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO) WITH OUT KNEE JOINT,CUST F			X	$897.89	
000L2034		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR W/O FR			X	$1,837.02	

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000L2035		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$153.41	
000L2036		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR W/O FREE MOTION ANKLE, CUSTOM FABRICATE			X	$1,544.08	
000L2036	52	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR W/O FREE MOTION ANKLE, CUSTOM FABRICATE			X	$772.04	
000L2037		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR W/O FREE MOTION ANKLE, CUSTOM FABRICATE			X	$1,386.18	
000L2038		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED			X	$1,189.89	
000L2040		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED			X	$147.76	
000L2040	52	HIP KNEE ANKLE FOOT ORTHOSIS,TORSION CONTROL, BILATERAL ROTATION STRAPS, POLVIC BAND/BELT, CUSTOM FABRICATED			X	$73.88	
000L2050		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES,HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED			X	$396.44	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L2060		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES,BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED			X	$500.28	
000L2070		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED			X	$115.87	
000L2080		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE,HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED			X	$325.30	
000L2090		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE,BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED			X	$404.23	
000L2106		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED			X	$565.85	
000L2108		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED			X	$889.21	
000L2112		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$388.28	
000L2114		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$510.32	
000L2116		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE			X	$627.19	

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		ORTHOSIS, RIGID,PREFABRICATED, INCLUDES FITTING & ADJUSTMENT					
000L2126		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED			X	$996.57	
000L2128		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED			X	$1,427.07	
000L2132		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$671.35	
000L2134		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$804.93	
000L2136		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$993.72	
000L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS				$98.19	
000L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT				$91.51	
000L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT				$103.09	
000L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE				$129.97	
000L2188		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS,				$249.25	

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		QUADRILATERAL BRIM					
000L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT				$76.82	
000L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT				$375.92	
000L2200		ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT				$39.57	
000L2200	52	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT				$19.78	
000L2210		ADDITION TO LOWER EXTREMITY, DORSIFLEXITON ASSIST (PLANTAR FLEXION RESI ST) , EACH JOINT				$55.94	
000L2210	52	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST, EACH JOINT				$27.97	
000L2220		ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RE SIST, EACH JOINT				$69.87	
000L2230		ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS & PLATE ATT ACHMENT				$65.74	
000L2232		ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY				$86.45	
000L2240		ADDITION TO LOWER EXTREMITY, ROUND CALIPER & PLATE ATTACHMENT				$73.33	
000L2250		ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRR UP ATTACHMENT				$348.40	
000L2260		ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-				$166.83	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CRAIG TYPE)					
000L2265		ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP				$100.02	
000L2270		ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDE D/LINED OR MALLEOLUS PAD				$44.69	
000L2270	52	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD				$22.34	
000L2275		ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED				$132.71	
000L2280		ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT				$376.85	
000L2280	52	ADDITION TO LOWER EXTREMITY, MOLDED INNR BOOT				$188.42	
000L2300		ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE				$232.67	
000L2310		ADDITION TO LOWER EXTREMITY, ABDUCTION BAR, STRAIGHT				$102.37	
000L2320		ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY				$183.08	
000L2330		ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY				$346.33	
000L2335		ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND				$252.09	
000L2340		ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL				$374.32	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L2340	52	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL				$187.16	
000L2350		ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE "BK" SOCKET, MOLDED TO PA TIENT MODEL (USED FOR 'PTB' 'AFO' ORTHOSIS)				$811.28	
000L2360		ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK				$46.06	
000L2360	52	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK				$23.03	
000L2370		ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM				$284.86	
000L2375		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP				$101.41	
000L2380		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT				$123.85	
000L2385		ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT				$113.35	
000L2387		ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT				$137.72	
000L2390		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT				$91.09	
000L2395		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT				$136.97	
000L2397		ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE				$112.13	
000L2405		ADDITION TO KNEE JOINT, DROP LOCK, EACH				$77.20	
000L2405	52	ADDITION TO KNEE JOINT, DROP LOCK,				$38.60	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		EACH					
000L2415		ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT				$107.58	
000L2425		ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT				$126.94	
000L2425	52	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT				$63.47	
000L2430		ADD. TO KNEE JNT., RATCHET LOCK FOR ACTIVE AND PROG. KNEE EXT. EA. JNT.				$126.94	
000L2430	52	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXT. EACH JOINT				$63.47	
000L2492		ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING				$84.86	
000L2500		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, BULTEAL/ISCHIAL WEIG HT BEARING, RING				$263.17	
000L2510		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO PATIENT MODEL				$654.09	
000L2520		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED				$383.39	
000L2525		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/ NARROW M-L BRIM, MOLDED TO PATIENT MODEL				$1,111.41	
000L2526		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL				$570.04	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		CONTAINMENT/ NARROW M-L BRIM, CUSTOM FITTED					
000L2530		ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED				$214.93	
000L2540		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PAT IENT MODEL				$351.85	
000L2550		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF				$239.02	
000L2570		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, TWO POSITION JOINT, EACH				$456.05	
000L2580		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING				$386.25	
000L2600		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH				$170.92	
000L2610		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUS T BEARING, LOCK, EACH				$202.11	
000L2620		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH				$280.96	
000L2622		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH				$268.32	
000L2624		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH				$325.07	
000L2627		ADDITION TO LOWER EXTREMITY, PELVIC ONCTROL, PLASTIC, MOLDED TO PT MODEL				$1,426.70	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L2628		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME				$1,394.33	
000L2630		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL				$206.07	
000L2640		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL				$279.68	
000L2650		ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH				$123.27	
000L2660		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND				$155.11	
000L2670		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS				$144.26	
000L2680		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS				$145.94	
000L2750		ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR				$76.83	
000L2755		ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FAB				$115.73	
000L2755	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSISTE, PER SEGMENT, FOR CUSTOM FAB				$57.86	
000L2760		ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)				$50.56	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L2760	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)				$25.28	
000L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR				$115.42	
000L2780		ADDITION TO LOWER EXTREMITY, NON-CORROSIVE FINISH, PER BAR				$56.32	
000L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH				$28.14	
000L2785	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH				$14.07	
000L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP				$70.71	
000L2795	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP				$35.35	
000L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY				$88.77	
000L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD				$65.00	
000L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION				$72.27	
000L2820	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACEFOR MOLDED PLASTIC, BELOW KNEE SECTION				$36.13	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC,ABOVE KNEE SECTION				$78.18	
000L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH				$37.62	
000L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH				$68.71	
000L2999		LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED				RNE	
000L3000		FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH			X	$278.22	
000L3000	52	FOOT, INSERT, REMOVEABLE, MOLDED TO PT MODEL, UCP TYPE, BERKELEY SHELL, EACH			X	$139.11	
000L3001		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH			X	$117.13	
000L3002		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH			X	$143.05	
000L3003		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH			X	$154.34	
000L3010		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPP ORT, EACH			X	$154.34	
000L3020		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSALSUPPORT, EACH			X	$175.73	
000L3030		FOOT INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH			X	$67.59	
000L3030	52	FOOT INSERT, REMOVEABLE, FORMED				$33.79	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		TO PATIENT FOOT, EACH					
000L3031		FOOT INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG CO				RNE	
000L3040		FOOT ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH				$41.68	
000L3050		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH				$41.68	
000L3060		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH			X	$65.31	
000L3060	52	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDID, LONGITUDINAL/METATARSAL, EACH				$32.65	
000L3070		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH				$28.16	
000L3080		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, METATARSAL, EACH				$28.16	
000L3090		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH				$36.04	
000L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT, EACH				$38.30	
000L3140		FOOT, ROTATION POSITIONING DEVICE, INCLUDING SHOE(S)			X	$78.85	
000L3150		FOOT, ROTATION POSITIONING DEVICE, WITHOUT SHOE(S)			X	$72.09	
000L3160		FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE			X	RNE	
000L3170		FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH				$45.05	
000L3201		ORTHOPEDIC SHOE, OXFORD WITH				$30.18	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SUPINATOR OR PRONATOR, INFANT					
000L3202		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD				$33.95	
000L3203		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR				$36.21	
000L3204		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT				$30.18	
000L3206		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD				$33.95	
000L3207		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR				$36.21	
000L3208		SURGICAL BOOT, EACH, INFANT				$33.95	
000L3209		SURGICAL BOOT, EACH, CHILD				$37.72	
000L3211		SURGICAL BOOT, EACH, JUNIOR				$41.49	
000L3212		BENESCH BOOT, PAIR, INFANT			X	$60.36	
000L3213		BENESCH BOOT, PAIR, CHILD			X	$60.36	
000L3214		BENESCH BOOT, PAIR, JUNIOR			X	$60.36	
000L3215		ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH			X	$120.72	
000L3215	52	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH			X	$120.72	
000L3216		ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH			X	$120.72	
000L3217		ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH			X	$120.72	
000L3219		ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH			X	$120.72	
000L3221		ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH			X	$143.35	
000L3222		ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH			X	$143.35	
000L3224		ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, INTEGRAL PART OF A BRACE1 UNIT = 1 SHOE			X	$59.81	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L3225		ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, INTEGRAL PART OF A BRACE		1 UNIT=1 SHOE	X	$69.57	
000L3230		ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH			X	RNE	
000L3250		ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH			X	$377.25	
000L3251		FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH			X	$146.37	
000L3252		FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH			X	$146.37	
000L3253		FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH			X	$146.37	
000L3254		NON-STANDARD SIZE OR WIDTH				$20.68	
000L3255		NON-STANDARD SIZE OR LENGTH				$20.68	
000L3257		ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE				$55.22	
000L3260		SURGICAL BOOT/SHOE, EACH				$37.72	
000L3265		PLASTAZOTE SANDAL, EACH			X	$60.36	
000L3300		LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH				$46.19	
000L3310		LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH				$72.09	
000L3320		LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH				$120.72	
000L3330		LIFTS, ELEVATION, METAL EXTENSION, (SKATE)				$501.24	
000L3332		LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH				$65.31	
000L3334		LIFT, ELEVATION, HEEL, PER INCH				$33.78	
000L3340		HEEL WEDGE, SACH				$75.48	
000L3350		HEEL WEDGE				$20.28	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L3360		SOLE WEDGE, OUTSIDE SOLE				$31.53	
000L3370		SOLE WEDGE, BETWEEN SOLE				$43.91	
000L3380		CLUBFOOT WEDGE				$43.91	
000L3390		OUTFLARE WEDGE				$43.91	
000L3400		METATARSAL BAR WEDGE, ROCKER				$36.04	
000L3410		METATARSAL BAR WEDGE, BETWEEN SOLE				$82.23	
000L3420		FULL SOLE AND HEEL WEDGE, BETWEEN SOLE				$48.43	
000L3430		HEEL, COUNTER, PLASTIC REINFORCED				$141.94	
000L3440		HEEL, COUNTER, LEATHER REINFORCED				$67.59	
000L3450		HEEL, SACH CUSHION TYPE				$93.49	
000L3455		HEEL, NEW LEATHER, STANDARD				$36.04	
000L3460		HEEL, NEW RUBBER, STANDARD				$30.40	
000L3465		HEEL, THOMAS WITH WEDGE				$51.83	
000L3470		HEEL, THOMAS EXTENDED TO BALL				$55.20	
000L3480		HEEL, PAD AND DEPRESSION FOR SPUR				$55.20	
000L3485		HEEL, PAD, REMOVABLE FOR SPUR				$22.63	
000L3500		ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER				$25.89	
000L3510		ORTHOPEDIC SOLE ADDITION, INSOLE, RUBBER				$25.89	
000L3520		ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER				$28.16	
000L3530		ORTHOPEDIC SHOE ADDITION, SOLE, HALF				$28.16	
000L3540		ORTHOPEDIC SHOE ADDITION, SOLE, FULL				$45.05	
000L3550		ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD				$7.91	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L3560		ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE				$20.28	
000L3570		ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)				$75.48	
000L3580		ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCO CLOSURE				$57.46	
000L3590		ORTHOPECIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER				$47.32	
000L3595		ORTHOPEDIC SHOE ADDITION, MARCH BAR				$37.14	
000L3600		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE EXISTIN G				$67.59	
000L3610		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE NEW				$88.99	
000L3620		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP EXISTIN G				$67.59	
000L3630		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP NEW				$88.99	
000L3640		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES				$38.30	
000L3649		ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS				RNE	
000L3650		SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$57.32	
000L3660		SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION			X	$104.82	

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		RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT					
000L3670		SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$122.79	
000L3671		SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUS			X	$726.29	
000L3675		SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$141.43	
000L3677		SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	RNE	
000L3702		ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$232.76	
000L3710		ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$100.67	
000L3720		ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED			X	$557.71	
000L3730		ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXIONASSIST, CUSTOM-FABRICATED			X	$874.21	
000L3740		ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS,			X	$924.68	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED					
000L3760		ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED INCLUDES FITTING & ADJUSTMENTS, ANY TYPE			X	$403.10	
000L3762		ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$86.67	
000L3763		ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$572.25	
000L3764		ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM F			X	$601.68	
000L3765		ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJ			X	$1,033.58	
000L3766		ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS			X	$1,094.47	
000L3806		WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE M			X	$366.15	

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000L3807		WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDESFITTING AND ADJUSTMENTS, ANY TYPE			X	$201.54	
000L3808		WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJ			X	$276.95	
000L3891		ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE				RNE	
000L3900		TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EA			X	$1,318.27	
000L3901		WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED			X	$1,527.58	
000L3904		WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED			X	$2,384.90	
000L3905		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS,TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICAT			X	$799.36	
000L3906		WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$325.52	
000L3908		WRST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT				$49.58	

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000L3912		HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$95.54	
000L3913		HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$218.30	
000L3915		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED,			X	$428.49	
000L3917		HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$85.13	
000L3919		HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$218.30	
000L3921		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICAT			X	$258.90	
000L3923		HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$72.34	
000L3925		FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT IN			X	$55.06	

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000L3927		FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), W/O JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYP			X	$30.01	
000L3929		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRA			X	$87.30	
000L3931		WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE M			X	$194.17	
000L3933		FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$171.98	
000L3935		FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$178.08	
000L3956		ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL, PER JOINT				RNE	
000L3960		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$656.00	
000L3961		SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT			X	$1,354.28	

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000L3962		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$682.02	
000L3967		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE			X	$1,598.95	
000L3971		SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORENONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT			X	$1,517.75	
000L3973		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT & SUPPORT BAR, INCLUDES ONE OR MORE NONTORS			X	$1,598.95	
000L3975		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES			X	$1,354.28	
000L3976		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT & SUPPORT BAR, W/O JOINTS, MAY			X	$1,354.28	
000L3977		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE			X	$1,517.75	
000L3978		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION			X	$1,598.95	

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		POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT & SUPPORT BAR, INCLUDES ONE OR MOR					
000L3980		UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$299.82	
000L3982		UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDESFITTING & ADJUSTMENT			X	$316.75	
000L3984		UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$337.36	
000L3995		ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH				$26.62	
000L3999		UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED REVIEW PRICING			X	RNE	
000L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)			X	$1,180.32	
000L4002		REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE			X	RNE	
000L4010		REPLACE TRILATERAL SOCKET BRIM			X	$625.70	
000L4020		REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL			X	$805.86	
000L4030		REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED			X	$433.63	
000L4040		REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	$358.10	
000L4045		REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	$293.94	
000L4050		REPLACE MOLDED CALF LACER, FOR			X	$387.80	

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		CUSTOM FABRICATED ORTHOSIS ONLY					
000L4055		REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	$237.87	
000L4060		REPLACE HIGH ROLL CUFF			X	$272.38	
000L4070		REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO			X	$266.34	
000L4080		REPLACE METAL BAND KAFO, PROXIMAL THIGH			X	$101.96	
000L4090		REPLACE METAL BAND KAFO-AFO, CALF OR DISTAL THIGH			X	$96.37	
000L4100		REPLACE LEATHER CUFF KAFO-AFO, PROXIMAL THIGH			X	$91.54	
000L4110		REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH			X	$74.98	
000L4130		REPLACE PRETIBIAL SHELL			X	$455.19	
000L4205		REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES				$17.68	
000L4210		REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS				RNE	
000L4210	52	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS, REVIEW SERVICE				RNE	
000L4350		ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING & ADJ			X	$74.39	
000L4360		WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR W/O INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTME			X	$230.43	
000L4370		PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING &			X	$157.11	

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		ADJUSTMENT					
000L4386		WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR W/O INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$140.43	
000L4392		REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO				$20.10	
000L4394		REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT				$14.64	
000L4396		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AM			X	$143.35	
000L4398		FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	$65.99	
000L4631		ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLAS				$1,311.04	
000L5000		PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER			X	$467.98	
000L5000	52	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER				$233.99	
000L5010		PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER				$1,249.93	
000L5020		PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER			X	$1,757.12	
000L5050		ANKLE, SYMES, MOLDED SOCKET, SACH FOOT			X	$2,051.22	

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000L5060		ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT			X	$2,702.60	
000L5100		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT			X	$2,335.34	
000L5105		BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT (J90 ONLY)			X	$3,299.54	
000L5150		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT			X	$3,634.53	
000L5160		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT			X	$3,862.21	
000L5200		ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT			X	$3,127.35	
000L5210		ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH			X	$2,309.52	
000L5220		ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH				$2,703.67	
000L5230		ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT			X	$3,599.38	
000L5250		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT			X	$5,170.40	
000L5270		HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT			X	$5,416.07	

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000L5280		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT			X	$5,315.92	
000L5301		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM			X	$2,306.73	
000L5321		ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE			X	$2,914.16	
000L5331		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT			X	$4,926.17	
000L5341		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,SINGLE AXIS KNEE, SACH FOOT			X	$5,035.24	
000L5400		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INC FITTING, ALIGNMENT,SUSPENSION, & 1 CAST CHANGE,BELOW KNEE				$1,200.20	
000L5500		INITIAL, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED				$1,491.73	
000L5505		INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COV ER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED				$1,746.30	
000L5510		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED				$1,532.14	

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000L5520		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "UXMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED				$1,556.25	
000L5530		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT				$1,631.10	
000L5535		PREPARTORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNALBE SYSTEM				$1,805.21	
000L5540		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL				$2,001.80	
000L5560		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVE, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL				$1,925.42	
000L5570		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQ, DIRECT FO				$2,129.70	
000L5580		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED				$2,311.79	
000L5585		PREPARATORY, ABOVE KNEE-KNEE DISARTICUALTION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PREFAB. ADJUSTABLE OPEN END SC				$2,465.31	

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000L5590		PREPARATROY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO OCVER, SACH FOOT, LAMINATED SOCKET,MLDED TO MODE				$2,490.77	
000L5595		PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON				$3,570.10	
000L5600		PREPARTORY, HIP DISARTICUALTIN-HEMIPELVECTOMY, PYLON,NO COVER				$3,978.84	
000L5610		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, HYDRACADENCE SYSTEM				$2,447.62	
000L5611		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL				$1,637.60	
000L5613		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION 4 BAR LIKKAGE, WITH HYDRAULIC SWING PHASE CONTROL				$2,645.46	
000L5614		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL				$1,497.49	
000L5616		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL				$1,409.95	
000L5617		ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH				$495.99	
000L5618		ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES				$263.71	
000L5620		ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE				$250.95	
000L5622		ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION				$323.35	

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000L5624		ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE				$322.35	
000L5626		ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION				$432.31	
000L5628		ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY				$448.70	
000L5629		ADDITION TO LOWER EXTREMITY, BEOW KNEE, ACRYLIC SOCET				$281.77	
000L5630		ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET				$511.12	
000L5631		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICUATION, ACRYLIC SOCKET				$389.57	
000L5632		ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET				$223.26	
000L5634		ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET				$290.01	
000L5636		ADDITION YO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET				$228.70	
000L5637		ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT (FOR J90 USE ONLY)				$256.14	
000L5638		ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET				$431.49	
000L5639		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET				$994.09	
000L5640		ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET				$592.85	
000L5642		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET				$562.89	
000L5643		ADDITION TO LOWER EXTREMITY, HIP				$1,380.02	

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		DISARTICULATION, FLEXIBLE INNER SOCKET,EXTERNAL FRAME					
000L5644		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET				$572.44	
000L5645		ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNALFRAME				$707.45	
000L5646		ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET				$485.80	
000L5647		ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET				$940.38	
000L5648		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET				$638.77	
000L5649		ADDITION TO LOWER EXTREMITY, CAT-CAM SOCKET				$1,688.12	
000L5650		ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET				$432.85	
000L5651		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME				$1,064.79	
000L5652		ADDITIONS TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET				$386.55	
000L5653		ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCK ET				$597.34	
000L5654		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES (KEMBLO, PELITE, ALI PLAST, PLASTAZOTE OR EQUAL)				$314.28	
000L5655		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST				$235.17	

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		PLASTAZOTE OR EQUAL)					
000L5656		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION, (KEMB LO, ALIPLAST, PLASTAZOTE OR EQUAL)				$372.69	
000L5658		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)				$388.14	
000L5661		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, SYMES				$605.26	
000L5665		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUORMETER, BELOW KNEE				$598.22	
000L5666		ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION				$66.17	
000L5668		ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION				$90.62	
000L5670		ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRECONDULAR SUSPENSIO N ("PTS" OR SIMILAR)				$240.59	
000L5671		ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT				$588.03	
000L5672		ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION				$273.35	
000L5673		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT,				$664.18	

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		SILICONE GEL, ELA					
000L5676		ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR				$321.29	
000L5677		ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR				$470.26	
000L5678		ADDITION TO LOWER EXTREMITY, BELOW KNEE, JOINTS COVERS, PAIR				$39.61	
000L5679		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELA				$553.47	
000L5680		ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED				$296.16	
000L5681		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GE				$1,167.29	
000L5682		ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED				$596.39	
000L5683		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE,				$1,167.29	
000L5684		ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP				$47.24	
000L5685		ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR W/O VALVE, ANY MATERIAL, EACH				$113.68	

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000L5686		ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)				$48.82	
000L5688		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING				$62.89	
000L5690		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED				$88.41	
000L5692		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT				$141.28	
000L5694		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED ANDLINED				$160.84	
000L5695		ADDITION TO LOWER EXTREMITY, EACH KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH (J90 0NLY)				$144.59	
000L5696		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT				$175.11	
000L5697		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND				$71.17	
000L5698		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESI AN BANDAGE				$102.82	
000L5699		ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS				$165.31	
000L5700		REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL			X	$2,988.05	
000L5701		REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL			X	$3,515.63	
000L5702		REPLACEMENT, SOCKET, HIP			X	$5,118.47	

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		DISARTICULATION, INCLUDING HIP JOINT, MOLDED TOPATIENT MODEL					
000L5703		ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL			X	$1,865.29	
000L5704		CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE			X	$551.24	
000L5705		CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE			X	$904.98	
000L5706		CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION			X	$896.96	
000L5707		CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION			X	$1,275.03	
000L5710		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK				$361.44	
000L5711		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL				$507.62	
000L5712		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)				$385.10	
000L5714		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROLL				$422.57	
000L5716		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK				$725.42	
000L5718		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING & STANCE PHASE CONTROL				$1,076.95	
000L5722		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL				$956.90	
000L5724		ADDIITON, EXOSKELETAL KNEE-SHIN				$1,623.23	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL					
000L5726		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL				$1,797.39	
000L5728		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING & STANCE PHASE CONTROL				$2,245.57	
000L5780		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC, HYDRA PNEUMATIC SWING PHASE CONTROL				$1,353.50	
000L5781		ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM				$3,550.73	
000L5785		ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				$460.65	
000L5790		ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				$655.06	
000L5795		ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				$951.99	
000L5810		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK				$431.67	
000L5811		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL				$679.79	
000L5812		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)				$537.86	

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000L5814		ADDITION, ENDOSKELETAL KNEE-SHIN SYS,POLYCENTRIC,HYDRAULIC SWING PHASE				$3,295.77	
000L5816		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK				$754.04	
000L5818		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL				$1,004.87	
000L5822		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL				$1,509.88	
000L5824		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL				$1,410.27	
000L5826		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYRAULIC SWING PHASE CONTROL, W MINIATURE HIGH ACTIVITY FRAME				$2,771.35	
000L5828		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING & STANCE PHASE CONTROL				$2,780.60	
000L5830		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRAPNEUMATIC SWING PHASE CONTROL				$1,841.23	
000L5840		ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL				$3,648.56	
000L5845		ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE				$1,590.58	
000L5848		ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR W/O ADJUSTABILITY				$954.26	

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000L5850		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST				$113.42	
000L5855		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST				$365.10	
000L5859		Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any				RNE	
000L5910		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM				$321.12	
000L5920		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM				$470.44	
000L5925		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK				$394.22	
000L5930		ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME				$2,983.94	
000L5940		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				$589.87	
000L5950		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				$741.07	
000L5960		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL(TITANIUM, CARBON FIBER OR EQUAL)				$947.81	
000L5961		ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR W/O FLEXION AND/OR EXTENSION				$4,604.50	

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000L5962		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM				$694.89	
000L5964		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTION OUTER SURFACE COVERING SYSTEM				$1,019.89	
000L5966		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM				$1,322.24	
000L5968		ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE				$3,224.82	
000L5970		ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT				$185.92	
000L5971		ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY				$185.92	
000L5972		ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE,STEN, BOCK DYNAMIC OR EQUAL)			X	$345.87	
000L5974		ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT			X	$225.02	
000L5975		ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT			X	$411.39	
000L5976		ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COP II OR EQUAL)			X	$559.31	
000L5978		ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT			X	$345.00	
000L5979		ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOTONE PIECE SYSTEM			X	$2,697.50	
000L5980		ALL LOWER EXTREMITY PROSTHESES,			X	$3,658.79	

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		FLEX FOOT SYSTEM					
000L5981		ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL			X	$2,961.02	
000L5982		ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT (J90 ONLY)			X	$597.34	
000L5984		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR W/O ADJUSTABILITY			X	$591.88	
000L5985		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON			X	$250.33	
000L5986		ALL LOWER PROSTHETICS, MULTIPLE AXLE, ROTATION UNITS			X	$633.38	
000L5987		ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON			X	$6,383.91	
000L5988		ADDITION TO LOWER LIMB PROSHTESIS, VERTICAL SHOCK REDUCING PYLON FEATURE				$1,772.79	
000L5990		ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT				$1,609.96	
000L5999		LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED			X	RNE	
000L6000		PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)			X	$1,527.25	
000L6010		PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)			X	$1,705.50	
000L6020		PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL) L6110			X	$1,629.76	
000L6050		WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD			X	$2,019.75	

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000L6055		WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD			X	$2,471.33	
000L6100		BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD			X	$2,087.99	
000L6110		BELOW ELBOW, MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)			X	$2,260.87	
000L6120		BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF			X	$2,515.79	
000L6130		BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF			X	$2,629.66	
000L6200		ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM			X	$2,896.13	
000L6205		ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM			X	$3,316.78	
000L6250		ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM			X	$2,805.48	
000L6300		SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM			X	$3,719.64	
000L6310		SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)			X	$3,281.52	
000L6320		SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)			X	$2,020.31	

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000L6350		INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION INTERNAL LOCKING ELBOW, FOREARM			X	$4,181.64	
000L6360		INTERSACPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)			X	$2,848.74	
000L6370		INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)			X	$1,998.53	
000L6380		POST OR EARLY FIT, APP.OF INIT RIGID DRESSING, INC FIT ALIGN AND SUSPEN IF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPTIAL PAYMENT			X	$1,135.07	
000L6382		POST SURG OR EARLY FIT, APP OF INIT RIGID DRESSING, INCLUF FIT ALIGN ANDIF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPTIAL PAYMENT			X	$1,333.84	
000L6384		IMM POST SURG OR EARLY FIT, APP OF INIT RIGID DRESS,INC FIT ALIGN ANDIF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPITAL PAYMENT			X	$1,690.50	
000L6386		IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGEIF PLACE OF SERVICE = 21 OR 22, DENY AS INCLUDED IN HOSPITAL PAYMENT			X	$404.81	
000L6388		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING IF PLACE OF SERVICE = 21 OR 22, DENY AS INCLUDED IN HOSPTIAL PAYMENT			X	$419.48	
000L6400		BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING			X	$2,230.39	
000L6450		ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM,			X	$3,087.81	

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		INCLUDING SOFT PROSTHETIC TISSUE SHAPING					
000L6500		ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING			X	$3,333.72	
000L6550		SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING			X	$3,635.90	
000L6570		INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM			X	$3,958.90	
000L6580		PREP,WR DISART OR BEL ELB,SGL WALL PLAS SOCK,FRICT WR FLEX ELB HNG "8" HARN,HUM CUFF,BOWDEN CABLE CONT,USMC OR EQ PYLON,NO COV,MOLD TO PAT MO			X	$1,491.39	
000L6582		PREP,WR DISART OR BEL ELB,SGL WALL SOCK,FRICT WR,FLEX ELB HNG "8' HARN HUM CUF, BOWDEN CABLE CONT, USMC OR EQ PYLON, NO COV, DIRECT FORMED			X	$1,268.01	
000L6584		PREP, ELB DISART OR AB ELB, SGL WALL PLAS SOCK, FRICT WR, LOCKING ELB, "8" HARN, FAIR LEAD CBL CONT, USMC OR EQ PYLON, NO COV, MOLD OT PAT MO			X	$1,840.15	
000L6586		PREP,ELB DISART OR AB ELB,SGL WALL SOCK, FRICT WR, LOCK ELB, "8" HARN, FAIR LEAD CABLE CONT, USMC OR EQ PYLON, NO COV, DIRECT FORMED			X	$1,703.41	
000L6588		PREP,SHLD DISART OR INTSCAP THORAC,SGL WALL PLAST SOCK, SHLDJT,LOCK,ELB FRICT WR,CHEST STRAP,FAIR LEAD, CAB CONT,NO COV, MOLD TO PAT MOD			X	$2,697.50	

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000L6590		PREP, SHLDER DISART OR INTSCAP THORAC, SGL WALL SOCK, SHLDER JT,LOCK ELB.FRICT WR,CHEST STRAP,FAIR LEAD CAB CONT,NO COV, DIRECT FORM			X	$2,380.28	
000L6600		UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR				$167.35	
000L6605		UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR				$164.21	
000L6610		UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR			X	$164.02	
000L6611		ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE				$365.38	
000L6615		UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT				$169.06	
000L6620		UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION				$336.51	
000L6623		UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE				$643.96	
000L6624		UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT				$3,342.13	
000L6625		UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK				$471.56	
000L6628		UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL				$521.53	
000L6629		UPPER EXTREMITY ADDITIOIN, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL				$133.75	
000L6630		UPPER EXTREMITY ADDITION,				$191.09	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		STAINLESS STEEL, ANY WRIST					
000L6632		UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH				$63.53	
000L6635		UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW				$175.41	
000L6637		UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK				$345.21	
000L6640		UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR				$254.91	
000L6641		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE				$172.99	
000L6642		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE				$236.86	
000L6645		UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH				$299.98	
000L6647		UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR				$460.78	
000L6650		UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH				$300.11	
000L6655		UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA				$79.71	
000L6660		UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE				$101.26	
000L6665		UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING				$40.83	
000L6670		UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER				$51.32	
000L6672		UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE				$149.59	
000L6675		UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN				$106.47	
000L6676		UPPER EXTREMITY ADDITION,				$115.40	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN					
000L6677		UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OFTERMINAL DEVICE AND ELBOW				$263.22	
000L6680		UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW E LBOW				$213.63	
000L6682		UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE E LBOW				$230.85	
000L6684		UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTE RSCAPULAR THORACIC				$309.06	
000L6686		UPPER EXTREMITY ADDITION, SUCTION SOCKET				$523.45	
000L6687		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW				$511.42	
000L6688		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW				$494.00	
000L6689		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION				$616.60	
000L6690		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC				$646.43	
000L6691		UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH				$364.12	
000L6692		UPPER EXTREMITH ADDITION, SILICONE GEL INSERT OR EQUAL, EACH				$501.73	
000L6693		UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE				$2,519.40	
000L6694		ADDITION TO UPPER EXTREMITY				$664.18	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, S					
000L6695		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, S				$553.47	
000L6696		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AM				$1,167.29	
000L6697		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL T				$1,167.29	
000L6698		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT				$588.03	
000L6703		TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE			X	$300.06	
000L6704		TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE			X	$632.94	
000L6706		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED			X	$361.96	
000L6707		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED			X	$1,306.69	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L6708		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE			X	$877.81	
000L6709		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE			X	$1,218.95	
000L6711		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC			X	$634.79	
000L6712		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC			X	$1,168.76	
000L6713		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC			X	$1,475.05	
000L6714		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC			X	$1,249.38	
000L6721		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED			X	$2,220.65	
000L6722		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED			X	$1,914.37	
000L6805		ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT				$385.96	
000L6810		ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE				$180.49	
000L6881		AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE				$3,627.98	
000L6890		ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL				$201.08	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		DEVICE, ANY					
000L6895		ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED				$567.08	
000L6900		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING			X	$1,751.66	
000L6905		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS, INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING			X	$1,391.04	
000L6910		HAND RESTORATION (CASTS, SHADING AND MEARUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING			X	$1,690.94	
000L6915		HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE			X	$734.26	
000L7400		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				$271.99	
000L7401		ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				$304.48	
000L7402		ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				$328.83	
000L7403		ADDITION TO UPPER EXTREMITY				$326.79	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL					
000L7404		ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL				$493.24	
000L7405		ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL				$645.08	
000L7499		UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED, REVIEW PRICE			X	RNE	
000L7510		REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS				RNE	
000L7520		REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES				$10.56	
000L7600		PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH				RNE	
000L7902		Tension ring, for vacuum erection device, any type, replacement only, each				RNE	
000L8000		BREAST PROSTHESIS, MASTECTOMY BRA				$35.85	
000L8001		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL			X	$111.30	
000L8002		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL			X	$146.44	
000L8010		BREAST PROSTHESIS, MASTECTOMY SLEEVE			X	$74.49	
000L8015		EXTERNAL BREAST PROSTHESES GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY			X	$53.17	
000L8020		BREAST PROSTHESIS, MASTECTOMY FORM			X	$211.20	
000L8030		BREAST PROSTHESIS, SILICONE OR EQUAL, W/O INTEGRAL ADHESIVE			X	$316.17	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L8035		CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL			X	$3,251.18	
000L8039		BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED			X	RNE	
000L8040		NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	$2,036.97	
000L8041		MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	$2,455.25	
000L8042		ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	$2,758.70	
000L8043		UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	$3,089.75	
000L8044		HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	$3,420.77	
000L8045		AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	$2,180.37	
000L8046		PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	$2,206.95	
000L8047		NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	$1,131.06	
000L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN			X	RNE	
000L8049		REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN				$19.01	
000L8300		TRUSS, SINGLE WITH STANDARD PAD			X	$99.71	
000L8310		TRUSS, DOUBLE WITH STANDARD PADS			X	$151.01	
000L8320		TRUSS, ADDITION TO STANDARD PAD, WATER PAD				$47.39	
000L8330		TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD				$43.77	

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000L8400		PROSTHETIC SHEATH, BELOW KNEE, EACH				$16.23	
000L8410		PROSTHETIC SHEATH, ABOVE KNEE, EACH				$18.77	
000L8415		PROSTHETIC SHEATH, UPPER LIMB, EACH				$21.56	
000L8417		PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH			X	$66.73	
000L8420		PROSTHETIC SOCK, MULTIPLE, PLY, BELOW KNEE, EACH				$19.09	
000L8430		PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH				$21.65	
000L8435		PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH				$20.64	
000L8440		PROSTHETIC SHRINKER, BELOW KNEE, EACH				$37.17	
000L8460		PROSTHETIC SHRINKER, ABOVE KNEE, EACH			X	$59.09	
000L8465		PROSTHETIC SHRINKER, UPPER LIMB, EACH				$43.24	
000L8470		PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH				$5.92	
000L8480		PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH				$8.15	
000L8485		PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH				$13.00	
000L8499		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES, REVIEW SERVICE AND PRICING			X	RNE	
000L8499	RR	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES, REVIEW SERVICE AND PRICING				RNE	
000L8500		ARTIFICIAL LARYNX, ANY TYPE	X	PA Required Except for in a NF/ICF	X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L8501		TRACHEOSTOMY SPEAKING VALVE			X	$107.10	
000L8505		ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE				RNE	
000L8507		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH				$37.19	
000L8510		VOICE AMPLIFIER			X	$224.25	
000L8511		INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH				$64.56	
000L8512		GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10				$1.90	
000L8513		CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH				$4.61	
000L8514		TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH				$83.69	
000L8515		GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, EACH				$56.02	
000L8615		HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	X	PA Required Except for in a NF/ICF	X	$400.23	
000L8616		MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	X	PA Required Except for in a NF/ICF	X	$93.21	
000L8617		TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	X	PA Required Except for in a NF/ICF	X	$81.41	
000L8618		TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE,	X	PA Required Except for in a NF/ICF		$23.28	

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		REPLACEMENT					
000L8619		COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	X	PA Required Except for in a NF/ICF	X	$7,221.77	
000L8619	RA	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	X	PA Required Except for in a NF/ICF	X	$7,221.77	
000L8619	RB	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	X	PA Required Except for in a NF/ICF	X	$7,221.77	
000L8621		ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH				$0.54	
000L8622		ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH				$0.28	
000L8623		LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR				$57.41	
000L8624		LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR				$143.11	
000L8629		TRANSMITTING COIL & CABLE, INTEGRATED, FOR USE W/ COCHLEAR IMPLANT DEVICE, REPLACEMENT		INVOICE COST		RNE	
000L8680		IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH				RNE	
000L8682		IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER				RNE	
000L8683		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER			X	$4,702.39	

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000L8684		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL & BLADDER MANAGEMENT, REPLA			X	$753.81	
000L8685		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION				RNE	
000L8686		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION		PROGRAM SPECIALIST NEEDS TO REVIEW		RNE	
000L8687		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION		INVOICE REQUIRED, INVOICE COST		RNE	
000L8688		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION				RNE	
000L8691		AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT			X	$2,366.36	
000L8691	RA	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	X	PA Required Except for in a NF/ICF	X	$2,366.36	
000L8692		AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED W/O OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF		DESCRIPTION AND ACTUAL COST INVOICE NEEDED. PAY 1.3 INVOICE. KB (10262012)		RNE	
000L8693		AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY		INVOICE COST		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
000L9900		ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS L CODE		INVOICE COST		RNE	
000S5560		INSULIN DELIVERY DEVICE, REUSABLE PEN; 1.5 ML SIZE				RNE	
000S5561		INSULIN DELIEVERY DEVICE, REUSABLE PEN; 3 ML SIZE				RNE	
000S8185	NU	FLUTTER DEVICE				RNE	
000S8189		TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED				RNE	
000S8210		MUCUS TRAP				RNE	
000S8420		GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE				RNE	
000S8425		GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT				RNE	
000S8426		GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT				RNE	
000S8427		GRADIENT PRESSURE AID (GLOVE), READY MADE,EACH				RNE	
000S8428		GRADIENT PRESSURE AID (GAUNTLET), READY MADE				RNE	
000S8460		CAMISOLE, POST-MASTECTOMY				RNE	
000S8490		INSULIN SYRINGES (PER 100 SYRINGES, ANY SIZE)				$45.27	
000S8999		RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)				RNE	
000S9001	KR	HOME UTERINE MONITOR W OR W/O ASSOCIATED NURSING SERVICES		COORDINATION PLAN REQUIRED		$69.41	
000S9001	RR	HOME UTERINE MONITOR W OR W/O ASSOCIATED NURSING SERVICES		COORDINATION PLAN REQUIRED		$2,082.42	
000T4521		ADULT SIZED DISPOSABLE		SEE PROVIDER BULLETIN 10-45		$0.82	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH					
000T4522		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH		SEE PROVIDER BULLETIN 10-45		$0.90	
000T4523		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH		SEE PROVIDER BULLETIN 10-45		$1.01	
000T4524		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH		SEE PROVIDER BULLETIN 10-45		$1.01	
000T4525		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH		SEE PROVIDER BULLETIN 10-45		$0.82	
000T4526		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH		SEE PROVIDER BULLETIN 10-45		$0.90	
000T4527		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH		SEE PROVIDER BULLETIN 10-45		$1.01	
000T4528		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH		SEE PROVIDER BULLETIN 10-45		$1.01	
000T4529		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH		SEE PROVIDER BULLETIN 10-45		$0.76	
000T4530		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH		SEE PROVIDER BULLETIN 10-45		$0.82	
000T4531		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,		SEE PROVIDER BULLETIN 10-45		$0.76	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS NF/ICF BILL SEPARATELY FROM PER DIEM
		SMALL/MEDIUM SIZE, EACH					
000T4532		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH		SEE PROVIDER BULLETIN 10-45		$0.82	
000T4533		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH		SEE PROVIDER BULLETIN 10-45		$0.82	
000T4534		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH		SEE PROVIDER BULLETIN 10-45		$0.82	
000T4535		DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH		SEE PROVIDER BULLETIN 10-45		$0.45	
000T4536		INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH		MAX 14 INITIALLY, THEN 14 IN 6 MO. PAYS 1.3 UP TO $20/UNIT		RNE	
000T4537	NU	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH				$16.60	
000T4538		DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER				$1.01	
000T4540		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH				$10.37	
000T4541		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH		SEE PROVIDER BULLETIN 10-45		$0.52	
000T4542		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH		SEE PROVIDER BULLETIN 10-45		$0.52	
000T4543		DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH		SEE PROVIDER BULLETIN 10-45		$1.04	